



Authorization for Direct Payment - Livermore Sanitation, Inc. Auto-Pay

INSTRUCTIONS:

- Attach a voided check to this form. **DO NOT SEND DEPOSIT SLIPS.**
- This authority is to remain in full force and effect until the Company has received written notification from me (*or either one of us*) of its termination in such time and manner as to afford the Company a reasonable opportunity to act on it.

Full Name: _____ Date: _____

Authorized Signature: _____

Authorized Signature: _____

(Optional - For Joint Account)

BILLING ADDRESS:

Street _____

City _____

State, Zip Code _____

Telephone _____

SERVICE ADDRESS: (IF NOT THE SAME)

Street _____

City _____

State, Zip Code _____

Telephone _____

Billing Account No. _____

Email (optional) _____

PLEASE NOTE: Because auto-pay requires a routing confirmation from your financial institution, payments will not be processed from your account until your next billing statement. Commercial customers will be processed monthly in arrears. Residential customers will be processed quarterly in advance. Any open invoice should be paid by credit card, check or cash or your 1st autopay charge will include any open invoice plus the invoice for the current billing period. Please notify LSI if you close your bank account or if any information changes.

THERE WILL BE A RETURNED ITEM FEE FOR ANY PAYMENTS REJECTED BY OUR BANK.

Please return form to:

Livermore Sanitation, Inc.
Attn: Billing Department
7000 National Drive, Livermore, CA 94550

Customer Name (Individual) _____

I (We) authorize Livermore Sanitation, Inc. (Company) to initiate variable entries to my (our) account described below:

Checking Account No. _____

Routing Number _____

Financial Institution's Name _____

Financial Institution's Address

Street _____

City _____

State, Zip Code _____

