

AUTHORIZATION FOR CREDIT/DEBIT CARDS

I hereby authorize Virgin Valley Disposal, Inc. to initiate debits from my checking or savings account named below. I understand that I am responsible to notify Virgin Valley Disposal, Inc. of any changes to my checking or savings account.

NAME ON CARD: _____

COMPANY: _____

CARD TYPE: Visa
 Mastercard
 Other _____

CREDIT / DEBIT *(circle one)*

CARD NUMBER: _____

EXP. DATE: _____

This authorization is to remain in full force and in effect until Virgin Valley Disposal, Inc. has received written notification from me to terminate this agreement. Virgin Valley Disposal, Inc. and my bank shall have a reasonable opportunity to act on the request to terminate.

MY NAME _____

VIRGIN VALLEY DISPOSAL ACCOUNT # _____

TODAYS DATE _____

SIGNATURE _____

A \$25.00 processing fee will be assessed if there are insufficient funds in your account.

NOTES & COMMENTS _____

Official Use Only

Draft # _____
Cycle# _____
Processed By _____
Date _____