



CHICAGO DISPOSAL, INC.

1924 177th St. Lansing, IL 60438

PHONE: 773-978-7878 FAX: 708-895-8033

www.chicagodisposal.com

To enroll for automatic debit please complete this form and return to Chicago Disposal by fax or mail.

I hereby authorize Chicago Disposal Inc. (CDI) to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account indicated below.

This authority is to remain in full force and effect until CDI has received written notification from me of its termination in such time and in such manner as to afford CDI a reasonable opportunity to act on it.

CUSTOMER ACCOUNT NUMBER _____

NAME ON ACCOUNT _____

EMAIL ADDRESS _____

DATE _____

NAME _____

AUTHORIZED SIGNATURE _____

Credit/debit card will be automatically processed for the full balance of your account on the first business day of the month.

CREDIT/DEBIT CARD (VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS)

The information below must match the billing address on file with the credit company.

NAME AS SHOWN ON CREDIT/DEBIT CARD _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

CARD # _____

EXPIRATION DATE ____/____

VERIFICATION NUMBER (three digits on the back of the card) _____

Chicago Disposal Inc. will never share your information with anyone outside of our billing department and credit card info will be stored on a secure server.