

Maroney's Sanitation Incorporated  
PO Box 2190  
Stillwater, MN 55082  
Email: Maroneys@maroneysinc.com

### Automatic Payment of Service Account

Maroney's Sanitation Inc. offers convenient automatic bill payment. This form serves as the instructions and authorization for Maroney's Sanitation Inc. to institute this service for your account with us.

I (we) \_\_\_\_\_ (print your name) hereby authorize Maroney's Sanitation Inc. to charge my account by the amount of any outstanding invoices on my account. I **will continue to receive bills** as I have in the past. I understand that on the 15<sup>th</sup> working day of each month, my account will be charged by the amount of any open invoices. To cancel, I (we) must notify Maroney's Sanitation Inc. of my wishes far enough in advance to give Maroney's Sanitation Inc. a reasonable opportunity to act.

Print your name: \_\_\_\_\_ Address: \_\_\_\_\_

Sign your name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

You can select from either #1 – Payment through your bank, or #2 – Payment on a Credit Card. **Please select only 1 of the 2 payment options.**

#### *Option #1 – Payment through a Banking Account:*

**\*\*PLEASE SEND A VOIDED CHECK.**

Name of Bank: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Check one type of account you want the payment to be made from:

Checking                       Savings

#### *Option #2 – Payment using a Credit Card:*

Card holders name: \_\_\_\_\_

Card billing address: \_\_\_\_\_

Card billing city: \_\_\_\_\_

Card billing state: \_\_\_\_\_ Card billing zip: \_\_\_\_\_

**Card Type:**

Visa                       MasterCard                       Discover                       American Express

Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_