



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

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 _____

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: _____

Authorized Signature: _____ Date: _____

Authorized Signature: _____ (*Optional – For Joint Account*)

Billing Address: _____ Service Address: **(if not the same)**

Street _____ Street _____

City _____ City _____

State _____ Zip Code _____ State _____ Zip Code _____

Telephone _____ 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. If you have already received a statement please pay your current statement by check and direct pay will begin debiting your account with the next billing cycle. Please allow seven business days for processing. Residential customers shall be processed quarterly in advance based on billing cycle.

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