



Post Office Box 32847, Charlotte, NC 28232 • Fax: 704-344-0694

### Authorization Agreement for Recurring ACH or Credit/Debit Cards

Please Check One:    Enroll    Withdraw    Change Bank Account

Customer Name (As It Appears On Your Bank Account)

Customer Account Number

Phone Number

Billing Address

Service Address

#### **COMPLETE Section A For ACH OR Section B For credit/ debit card authorization.**

SECTION A: I hereby authorize O'Leary Group Waste Systems (OGWS) to initiate debit entries and/or correction entries to our checking account at the bank/depository named below, herein called DEPOSITORY, to debit the same from such account.

Bank Depository Name

Branch Address

City

State

Bank Transit/ABA Number

Account Number

#### **PLEASE ATTACH A VOIDED CHECK TO ENROLL OR CHANGE BANK ACCOUNT**

SECTION B: I hereby authorize O'Leary Group Waste Systems (OGWS) to initiate debit entries and/ or correction entries to the credit/debit card below. **By submitting credit card information and signing below, I agree to pay an additional fee (3% of the charged amount) to the credit card processing company for this service.**

Name As It Appears On The Card

Expiration Date

Card Number

Card Verification Number

Billing Address For Card (If Not Same As Above Billing Address)

I, the undersigned, agree that OGWS will initiate the monthly charge on or after the fifteenth of the month following the invoice date. This authorization is to remain in full force until OGWS has received **written** notification from the undersigned of its termination. Please notify OGWS fifteen days prior to any scheduled charges of any changes to the bank account or credit/ debit card. Furthermore, I attest I am an authorized owner of the bank or credit/ debit card account listed and have the power to issue this request.

Authorized Signature

Date

Printed Name