



# Star City Recycling

Impacting our world - from home

## Debit Authorization Form

I (we) hereby authorize Star City Recycling to charge my (our) bank account indicated below for services rendered (including any late fees or unreturned equipment if applicable) or for any extra charges (TV's, microwaves, etc) that I (we) authorize.

\_\_\_\_\_  
(Financial Institution Name)                      (Your name as it appears on account)

\_\_\_\_\_  
(Financial Institution Address)                      (City/State)                      (Zip)

\_\_\_\_\_  
(Routing Number)                      (Account Number)

Type of Acct: \_\_\_ Checking \_\_\_ Savings

This authority is to remain in full force and effect until Star City Recycling has received written notification from me (or either of us) of its termination at least ten (10) business days prior to the next payment period.

\_\_\_\_\_  
(Print Individual Name)                      (Signature)

\_\_\_\_\_  
(Customer's Address for Service)                      (Date)