



Star City Recycling

Impacting our world - from home

Debit Authorization Form

By filling out this form, you will hereby qualify for a discount rate of \$2 per month.

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 ACH can be canceled at any time, but 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 Service Address) (Date)

(Customer's Email Address)

* Statements are not automatically mailed out for ACH customers. Quarterly statements are available upon request *

Office Use Only:
ACH Date: _____
QB / Emailed: _____
Update WG: _____