



Automatic Monthly Withdrawal Authorization Form

This Automatic Monthly Withdrawal Form is used for authorizing Beards Trash Service, LLC to withdraw monthly payments directly from a customer's credit/debit card account each month.

Please complete all the required information and return document to us for processing

Credit Card Information:

Start Date: (mm/yy) ___/___ (withdrawals will be made on the 15th day each month)

___ Credit Card ___ Debit Type of account: _____ Type of Card (Visa, M/C, Discover)

Total Monthly Withdrawal amount \$ _____

Name on Card: _____

Card No. _____

Expiration Date: (mm/yy) _____/_____ CVC# _____

Credit Card Authorization Signature: _____

Date: _____

Personal Information:

Account # _____

Name: _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Billing Address (if different than pick up address)

___ Same as above

Street Address _____

City: _____ State: _____ Zip: _____

AUTHORIZATION AGREEMENT FOR AUTOMATED WITHDRAWALS:

I hereby authorize and request Beards Trash Service, LLC to make monthly withdrawals in the amount listed above by initiating debit entries to my account. It is understood that this agreement may be terminated by me at any time.

Signature: _____ Date: _____

Return to:

Beards Trash Service, LLC
12610 Creagerstown Road
Thurmont, MD. 21788
301-271-2516
301-271-2499 (fax) or beardstrashservice@gmail.com