

Please mail this form to:

**WEST SLOPE GARBAGE SERVICE  
P.O BOX 25698  
PORTLAND, OR 97298**

**503-292-8173**

***E Mail: westslopegarbage@comcast.net***

**Required Information:**

Customer Name \_\_\_\_\_

Customer Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Contact person(s) \_\_\_\_\_

E-mail Address \_\_\_\_\_

I (we) hereby authorize West Slope Garbage Service, hereinafter referred to as COMPANY, to initiate debit entries from our account (please choose ONLY ONE)

Checking Account \_\_\_\_

Savings Account \_\_\_\_

We (customer) authorize COMPANY to debit from our bank account, for ALL such charges we incur for monthly garbage service. This may include any and all extra hauling or special charges. (Please include bank information below):

Bank Name \_\_\_\_\_

Name on Account (Please print) \_\_\_\_\_

Bank Account/ Routing # \_\_\_\_\_

This authorization is to remain in effect until cancelled by contact person(s) listed above. Upon activation of this contract, my bank statement will be my receipt.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_