



# Authorization for Recurring Credit Card Payment San Ramon

**DO YOU HAVE AN ONLINE ACCOUNT? USE YOUR ONLINE ACCOUNT TO ACCESS:** Account Information, Request Services, Make Secure Payments and Sign Up for Paperless Billing and Auto Pay. Visit our website and click on the "Login" button in the upper right-hand corner to get started!

**INSTRUCTIONS: DO NOT** complete this form for autopay via bank account

- Complete all information below and send form to ACI of San Ramon.
- This authority is to remain in full force and effect until the Company has received written notification from me (or either one of us) of its termination in such time and manner as to afford the Company a reasonable opportunity to act on it.

Full Name(s): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: (Optional – For Joint Account) \_\_\_\_\_

**BILLING ADDRESS:**

Number/Street \_\_\_\_\_

City \_\_\_\_\_

State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

**SERVICE ADDRESS (if not the same):**

Number/Street \_\_\_\_\_

City \_\_\_\_\_

State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Billing Account No. \_\_\_\_\_ Email (optional) \_\_\_\_\_

**PLEASE NOTE:** Please allow seven business days for processing. If your account has balance due when this application is received, the balance will be charged to your credit card. Billing/Payment information: Commercial customers will be processed monthly in arrears. Residential customers will be processed quarterly in advance. Please notify ACI if you close your bank account or if your information changes. **Please notify ACI of San Ramon if your credit card information changes.**

**Completed forms can be RETURNED VIA:**

**emailed: [billingsr@alamedacountyindustries.com](mailto:billingsr@alamedacountyindustries.com)**

**faxed: 510-357-7329**

**mailed to: ACI of San Ramon - Billing Dept.**

**P.O. Box 1897, San Leandro, CA 94577-0282**

If you are emailing this form DO NOT include your credit card information. Any applications received at ACI via email with credit card information entered will immediately be deleted and your account will not be set-up for autopay.

Customer Name/Account Name \_\_\_\_\_ I (We) authorize Alameda County Industries, Inc. (ACI of San Ramon/Company) to initiate variable entries to my (our) credit card account.

We accept Visa, Mastercard, Discover and American Express. To provide credit card information, please visit our office during regular office hours or wait for our representative to contact you by phone:

Weekday phone number: \_\_\_\_\_

OCT 2019

**P.O. Box 1897, San Leandro, CA 94577-0282**

**925-380-9480 voice • 510-357-7329 fax • [billingsr@AlamedaCountyIndustries.com](mailto:billingsr@AlamedaCountyIndustries.com) • [www.SanRamonRecycles.com](http://www.SanRamonRecycles.com)**