

## **AUTOMATIC PAYMENT ENROLLMENT FORM**

CARDHOLDER INFORMATION				
Customer Name		Emmett Sanitation Account Number(s)		
Cardholder Name (as it appears on the card)				
Cardholder Billing Address (on file with card company)				
City	State			Zip Code
Telephone		Email Add	dress	
PAYMENT AUTHORIZATION				
Credit/Debit Card Type				
Visa	Mastercard			Discover
Card Number		Expiration		
Card Identification Number/CVV2		Back of Your Credit Card F42652HC		
Please reference the picture to the right for of this number on your card. For Visa, Mast Discover, this is the 3-digits on the reverse of	Author Signa	rized John	PLUS	
By signing this Autopay Enrollment Form, I authorize the purchase of services/merchandise from Enviro USA, LLC d.b.a. Emmett Sanitation and/or SandHollow Sanitation. I agree I will pay according to my bank's card Agreement and hold Enviro USA, LLC harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as an authorized signature on the charge card slip. My signature further authorizes Enviro USA, LLC to electronically debit my account referenced above between day 1-10 of each billing period to pay the total amount due on my account(s). I agree to receive my billings and payment receipts electronically by email. To terminate this Autopay Enrollment Form, I understand it is my responsibility to contact Enviro USA, LLC in advance of my next scheduled billing and prior to any form of dispute against the aforementioned charges. If payment is rejected due to insufficient funds, I understand my account will receive an NSF and any accompanying collection fee(s).  Signature  Date				
J				

## FAX COMPLETED FORM TO (208) 639-2344 OR EMAIL TO: BILLING@IDWASTE.COM

**Directions:** Please print this page, fill in all information above and fax to Enviro USA, LLC at (208) 639-2344. The completed form may also be emailed to billing@idwaste.com. If you prefer to mail the form, send to: Enviro USA, LLC, PO Box 549, Emmett, ID 83617.