

**AUTHORIZATION FOR RECURRING DIRECT PAYMENTS - ACH DEBIT  
OR RECURRING CREDIT CARD PAYMENTS FOR HAULWAY INCORPORATED-CR&R INC.**

**Please complete the following information:**

Name: _____	Customer Account #: _____
Address: _____	Day Phone #: _____
	Evening Phone #: _____
Please check the appropriate box: I want to set up automatic payment <input type="checkbox"/> I want to revise automatic payment <input type="checkbox"/> I want to cancel automatic payment <input type="checkbox"/>	

In consideration for services provided to me by *Haulway/Suburban*, I hereby authorize *CR&R Incorporated* to initiate a debit entry to my bank or credit card account indicated below for the current balance due. I understand: 1) The charge will be processed on the 25<sup>th</sup> of the month. If the 25<sup>th</sup> falls on a weekend, it will be processed the first business day following the 25<sup>th</sup>; 2) The amount will be adjusted as rates are increased according to the terms of the Municipal Contracts; 3) Under most City Franchise Agreements, service rates are normally increased annually in the month of July but may be increased at any time as approved by the City; and 4) I may be charged a service fee up to \$25 if my bank returns the ACH charge unpaid. Please allow 2 to 3 weeks for the processing of this request.

**Please provide the following information to have automatic payments deducted from your bank account:**

Depository Bank Name: \_\_\_\_\_  
 Branch location (City, State, Zip) \_\_\_\_\_

Indicate the account that the payment should be debited:  **Checking Account** (please attach a voided check to this form) **OR**  
 **Savings Account**

Routing Number: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

**Please provide the following information for automatic payments billed to your credit card account:**

Visa       MasterCard       American Express

Name as it appears on the card: \_\_\_\_\_

Credit card information: \_\_\_\_\_  
(Card Number)

\_\_\_\_\_      \_\_\_\_\_  
(Expiration Date)      (Verification Code)

Credit card billing information: \_\_\_\_\_  
(Address)

\_\_\_\_\_, \_\_\_\_\_  
(City)      (State)      (Zip)

This authorization is to remain in effect until *CR&R Incorporated* has received written notification from me to terminate this authorization.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_ **(Required for all recurring ACH automatic payments)**

Please mail completed form to: CR&R Incorporated      or      Fax to: (303) 688-2898  
 Attn: Accounting Department  
 P.O. Box 125  
 Stanton, CA 90680