



# MIDWEST SANITATION & RECYCLING

Pella Office  
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Pella, IA 50219  
641-628-2610

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701 Hwy 432  
Oskaloosa, IA 52577  
641-673-0001

**888.428.2610**  
info@midwestsanitation.com  
www.midwestsanitation.com

I hereby authorize Midwest Sanitation to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account indicated below. This authority is to remain in full force and effect until Midwest Sanitation has received written notification from me of its termination in such time and in such manner as to afford Midwest Sanitation a reasonable opportunity to act on it. Midwest Sanitation will never share your information with anyone outside of our billing department and credit card information will be stored on a secure server. This agreement will remain in effect until I notify Midwest Sanitation of a change.

**Please note the processing date will be on the date of your billing cycle which for most customer is on or around the 1<sup>st</sup> of every month.**

**Credit/Debit card will be automatically processed for the balance of your account.**

CUSTOMER ACCOUNT NUMBER \_\_\_\_\_

NAME ON ACCOUNT \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

DATE \_\_\_\_\_

NAME \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

**CREDIT/DEBIT CARD (VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS)**

The information below must match the billing address on file with the credit company

NAME AS SHOWN ON CREDIT/DEBIT CARD \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CARD # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

VERIFICATION NUMBER (Three digits on back of the card) \_\_\_\_\_