



Authorization for Recurring Credit Card Payment CVSan

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 Alameda County Industries.
- 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. Your account will be changed to autopay as of your NEXT invoice. Commercial customers will be processed monthly in arrears. Residential customers will be processed quarterly in advance. **Open invoice(s) should be paid prior to your next invoice or all open invoice(s) will be added to your 1st autopay charge. Please notify ACI if your credit card information changes.**

Check this box if you would like to charge your credit card for the balance due on your account. An ACI representative will confirm the amount when processing your application.

Completed forms can be RETURNED VIA:
emailed: billingcv@alamedacountyindustries.com
faxed: 510-357-7329
mailed to: Alameda County Industries - Billing Dept.
P.O. Box 1878, San Leandro, CA 94577

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. (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