

# Allied Waste Services of San Mateo County Automatic Billing Authorization Agreement

Agreement is subject to the terms and conditions stated below.  
**Allied Waste Services of San Mateo County**

I (we) hereby authorize Allied Waste Services of San Mateo County to either:

<input type="checkbox"/> Initiate debit entries to my (our) bank account as indicated below at the depository financial institution named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.	
Bank/Financial Institution Name	Branch
City	State      Zip
Routing Number	
Checking Account Number	
<input type="checkbox"/> Business <input type="checkbox"/> Personal	
Bank Account Number	
<b>Please attach a voided copy of your check</b>	

Account Number
Telephone Number
Email Address
<input type="checkbox"/> Charge my (our) credit card
Name on account (exactly as it appears on the card) <i>Billing address of the cardholder:</i>
Street
Apt. Number
City
State      Zip
Card type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Account Number
Expiration Date

I authorize Allied Waste Services of San Mateo County to automatically debit my bank account **OR** charge my credit card account listed above as specified below:

- Bill the amount due to my bank account or credit card.
- Bill the amount due to my bank account or credit card up to a maximum limit of \$\_\_\_\_\_.

This authorization will remain in full force and effect until Allied Waste Services of San Mateo County has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Allied Waste Services of San Mateo County and my financial institution a reasonable opportunity to act on it.

**ADDITIONAL TERMS AND CONDITIONS:**

1. **Allied Waste Services of San Mateo County** reserves the right to cancel this Agreement at any time upon 30 business days written notice to the billing address(es) provided above.
2. The inability of **Allied Waste Services of San Mateo County** to secure payment from the accounts designated above may result in termination of services and/or immediate termination of this Agreement.
3. With respect to withdrawals from an account at a financial institution, in addition to providing notice as stated above to **Allied Waste Services of San Mateo County**, you may stop payment of a preauthorized electronic fund transfer by notifying your bank or financial institution in accordance with the procedures that it has established. Termination of a preauthorized electronic fund transfer does not affect your obligation to make timely payment to **Allied Waste Services of San Mateo County** in some other acceptable manner.
4. To the extent allowable by law, the liability of **Allied Waste Services of San Mateo County** in connection with Agreement is limited to the amount of any incorrect charge or withdrawal. **Allied Waste Services of San Mateo County** will not be liable for any other damages, whether direct, incidental, special or consequential, including but not limited to loss of income or profits, whether or not **Allied Waste Services of San Mateo County** had knowledge that such damages might be incurred. **Allied Waste Services of San Mateo County will not be liable:** (I) for your acts or omissions, including but not limited to improper or insufficient account or other information, (II) if you fail to provide current information, should any account or other information change, (III) if you violate any terms of the Agreement; and (IV) for loss, damage, or delay caused by events **Allied Waste Services of San Mateo County** cannot control, including, but not limited to, acts of God, weather conditions, acts of public enemies, war strikes, civil commotions, or acts of public authorities with actual or apparent authority.
5. This Agreement will become effective with the next billing cycle following the date stated below, upon approval in writing by Customer and an authorized representative of **Allied Waste Services of San Mateo County**. This Agreement does not go into effect until approved in writing by **Allied Waste Services of San Mateo County**.

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

**Allied Waste Services of San Mateo County  
Authorization**

By: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Title \_\_\_\_\_

**Customer Authorization**

By: \_\_\_\_\_  
 Printed Name \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Title \_\_\_\_\_