

Recurring Payment Authorization Form

Fill out, Sign and Fax Back to 773-685-6043 or Email to Questions@LRScycles.com

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier: ~ It's convenient (saving you time and postage)
~ Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged all charges shown on each invoice(s) which are current or past due on a NET 15 day terms (or other NET terms as agreed/accepted by Lakeshore Recycling Systems, LLC. in writing prior to provision of any products or services). A receipt for each payment will be emailed to you (if your e-mail address has been provided) and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided

Please complete the information below:

I _____ authorize Lakeshore Recycling Systems to charge my credit card/bank account
(full name)

indicated below for the monthly charges on the due date of each month for payment of my invoice for waste & recycling services.

Billing Address _____ Phone# _____ Acct# _____
City, State, Zip _____ Email _____

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	



<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name _____	
Account Number _____	
Exp. Date _____	
CVV (3 digit number on back of card) _____	

By my authorizing signature below, I am agreeing that all charges placed on this credit card or bank account for products or services are non-refundable and non-cancelable by me or any party authorized on this credit card or bank account.

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Lakeshore Recycling Systems in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Lakeshore Recycling Systems may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form. Lakeshore Recycling Systems takes high regard to the security of your personal information it will not be sold or distributed in any way.