

Auto-Pay Enrollment Form

Chrin Hauling, Inc offers the option of "Auto-Pay". "Auto-Pay" provides you with the convenience of having your balance automatically paid from the bank account of your choice or credit card.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH OR CREDIT CARD)

CUSTOMER NAME

CUSTOMER ACCOUNT #

ADDRESS

Date

I (we) hereby authorize Chrin Hauling to initiate charges to my (our) Checking Account/Savings Account indicated below for the amount due on my account for each billing cycle. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with all provisions of U.S. Law.

BANK NAME

BANK ACCOUNT NUMBER

CIRCLE ONE: CHECKING –OR- SAVINGS

BANK ROUTING NUMBER

NAME ON ACCOUNT (BUSINESS NAME)

SIGNATURE

I (we) hereby authorize Chrin Hauling to initiate charges to my (our) Credit Card indicated below for the amount due on my account for each billing cycle. I (we) acknowledge that the origination of Credit Card transactions to my (our) account must comply with all provisions of U.S. Law.

CREDIT CARD NUMBER

EXPIRATION DATE

CVC (Verification Code)

<input type="checkbox"/> Visa	<input type="checkbox"/> Discover	<input type="checkbox"/> Debit
<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express	

ACCOUNT NUMBER

NAME AS IT APPEARS ON CARD

SIGNATURE OF CARD HOLDER

E-MAIL ADDRESS

Termination of above agreement must be received in writing.