



Authorization for Recurring Credit Card Payment Peninsula Sanitary Service, Inc.

Customer Name/Account Name _____

I (We) authorize Peninsula Sanitary Service, Inc. (Company) to initiate variable entries to my (our) account described below:

Credit Card Number (Visa, MasterCard & Discover Only): _____

Expiration Date: _____ Security Code: _____

- Check this box if you want to charge the credit card above for any balance due on your account.
- Check box if you would like a representative to call you for security code (be sure to list phone number below).

Instructions: DO NOT COMPLETE THIS FORM FOR AUTOPAY VIA BANK ACCOUNT.

Complete all information below and send to form to Peninsula Sanitary Service, Inc. 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: _____

Authorized Signature: _____ Date: _____

Authorized Signature: _____ (Optional – For Joint Account)

BILLING ADDRESS:

SERVICE ADDRESS: (if not the same as billing)

Street: _____

Street: _____

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____

Telephone: _____

Telephone: _____

Billing Account #: _____

Email (optional): _____

PLEASE NOTE: Payments will not be charged to this card until the next invoice is generated - unless noted above that you would like the card to be used for the current balance due on your account. Please allow seven business days for processing. Residential customers shall be processed quarterly in advance. Commercial customers shall be processed monthly in arrears.

Email completed (scanned) form to **pssi@pssi.stanford.edu**.

Fax completed form to **(650) 321-9749**.

Please return form in person or by mail to:

Peninsula Sanitary Service, Inc., Attn: Billing Department, 339 Bonair Siding Rd., Stanford, CA 94305

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