

Harter's Quick Clean-Up
2850 Larson St
La Crosse, WI 54603



Phone: (608) 782-2082
Fax: (608) 782-5322
www.harters.net

Name(s) on Account: _____ Account Number: _____

Credit Card Payment Authorization Form

Sign and complete this form to authorize Harter's Trash and Recycling to make a recurring debit to your credit card listed below. By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a monthly transaction until you notify us in writing of your wishing to cancel said payments.

Account Type: Visa MasterCard Discover

Card Holder Name

Card Number

Expiration Date

CVV2 (3 digit number on back of Visa/MC)

(Signature)

(Name – Please Print)

Date

(Address – Please Print)

E-Mail Form

Please consider receiving your statement by email: easier for you, and easier on the environment.

(E-Mail Address)

(Signature)

(Name – Please Print)

(Address – Please Print)

Retain for Your Records

On (Date) _____ I authorized **Harter's Trash & Recycling Inc. at 2850 Larson Street, La Crosse, WI. Phone number of (608) 782-2082** to charge the credit card indicated in this authorization form according to the terms outlined above. I may revoke my authorization with you at any time by writing to the address above,

Regular Payment Date: 10th .