

# Automated Payment Authorization Form

Please fill out the information below if you would like to enroll in the Automated Payment Program.

PLEASE BE SURE TO SIGN AND RETURN FORM VIA MAIL, FAX, OR EMAIL TO: [receivables@bbportabletoilets.com](mailto:receivables@bbportabletoilets.com)

Customer Name (required):	Customer #:	
Service Address (required):		
Mailing Address (required):		
Telephone Number (required):		
Email Address (required):		
Credit/Debit Card Number (required):	Expiration:	
	CVV:	

Please check one box from each column for your payment choices:

In the event of any "extra charges" please debit my account the amount billed but not exceeding: \_\_\_\_\_ without notice.

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

If my balance exceeds the pre-authorized payment amount, please send a statement for the additional charges.

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

Please **email** me a receipt each time a payment is processed.

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

I authorize B&B and Six Rivers Portable Toilets LLC to charge my credit/debit card for my account as specified above. I understand that I can discontinue the automated payment service at any time by writing to B&B and Six Rivers Portable Toilets LLC to cancel this service. I understand it is my responsibility to contact the office to update/change my card if needed. By using the Automatic Payment Plan, I understand that I will not receive a bill nor a receipt unless specifically requested. Also, I agree that I remain obligated to pay for these services in the event that a charge to my account is dishonored, for whatever reason, and that B&B and Six Rivers Portable Toilets LLC retains its normal collection rights.

Signature: \_\_\_\_\_

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