



CREDIT CARD / eCHECK PAYMENT FORM

Company Name/Customer Name: _____ Date: _____

I, _____, authorize Clean Way Waste Services, Inc., to process:

(CIRCLE ONE) one-time payment of \$_____ OR **monthly invoice payments** of \$_____ on my **credit card** or **checking account**, starting on _____ (mm/dd/yyyy). I understand that the charges processed will include the contracted agreement price as well as any overweight or extra pickup charges.

Payment Information - Please select either *Bank Account Payment* or *Credit Card Payment*:

Bank Account Payment: Bank Name: _____

Account Type: Checking Business Checking

Customer Name (as it appears on Bank Account): _____

Bank ABA Routing Number: _____

Bank Account Number: _____

Credit Card Payment: MasterCard Visa Discover American Express

Credit Card Number: _____

Expiration Date: _____ (mm/dd/yyyy)

Signature Panel/Security Code: _____ (AMEX 4 digits printed on front of card, DISC/MC/VISA 3 digits on back)

Credit Card Billing Address: _____

City/Town: _____ State: _____ Zip: _____

Cardholder's Name: _____
(exactly as printed on the card)

EMAIL ADDRESS TO SEND PAYMENT RECEIPT: _____

Signature of Cardholder/Account Holder:

X _____

You may fax your reply to us at 617-226-4573 or email accounting@cleanwaywaste.com