



AUTOMATIC CREDIT/DEBIT CARD BILL PAYMENT
CONSENT FORM

I, _____ residing at _____
(print full name) (print full address)

hereby grant permission to Boon & Sons, Inc. to automatically bill my credit/debit card, for trash service plus any additional charges which may apply.

I understand that both parties to this action may revoke consent at any time, with prior verbal notification.

I understand that I am required to notify Boon & Sons if any changes occur, including but not limited to account numbers, expiration dates, address or name information.

CIRCLE CARD TYPE



ACCOUNT / CARD # _____

EXPIRATION DATE _____

Signature

Date

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