**Solid Waste Agency of Northwest Nebraska**
*Equal Employment Opportunity Employer*
PO Box 590; 1010 E. Niobrara Ave., Chadron, NE 69337; 308-432-4245; Fax 308-432-8344

# Electronic Payment Authorization Form

☐ As the Individual credit card/bank account holder, I hereby authorize the chosen method of electronic payment to be used for the purpose of settling rates/fees associated with all associated processes of collection of solid waste at the noted address.

☐ As the company representative, I hereby authorize this chosen method of electronic payment to be used for the purpose of settling rates/fees associated with all associated processes of collection of solid waste at the noted address. For which my company is responsible and also may be eligible for a tax credit.

Payment Type: ○ CREDIT CARD PAYMENT ○ ACH/BANK ACCOUNT PAYMENT

## Payment Information:

| | |
|---|---|
| TrashFlow Customer Account #: | |
| Customer Name | |
| Name of business, if applicable: | |
| Billing Address: Street<br>City, State, Zip | _____<br>_____ |
| Telephone Number: | |
| Email Address: | |
| **Payment Frequency** | |
| ○ **ONE TIME ONLY** [info required ea. time] | ○ **AUTO PAYMENT** [info on file with SWANN Billing Office] |
| **Credit Card Account Information** | |
| Name as appears on Card/Bank ACCT:<br>(also include name of representative if business): | |
| **Type of Card:**<br>○ Visa ○ MasterCard<br>○ Discover [American Express Not Accepted] | Expiration Date: _____<br>Card Verification #:_____ |
| Credit Card Number: | |
| **ACH / Bank Account** | |
| Name of Bank w Town & Phone # | |
| Bank routing number (ABA number) [9 Digits]: | |
| Bank Account number: | |

**I hereby authorize the above chosen payment method to be used for recurrent rate charges and all applicable fees (all of which are set by the SWANN BOD and effective June 1 of each year) with the Solid Waste Agency of Northwest Nebraska. By signing up for this service I am agreeing that I have been duly advised of all charges/fees and am authorizing them to be processed to the noted account.**

_____ _____
Signature of Account/Card Holder or Company Representative: Date: