

All American Waste, LLC
Auto Pay Enrollment Form

Account #: _____

Customer Name

Service Address

Mailing Address

Telephone

E-mail Address

I authorize All American Waste, LLC to initiate recurring deductions and the bank or financial institution or credit card network named below to transfer payment for the full amount of my refuse and recycling bills to All American Waste, LLC from my:

Mastercard _____ Visa _____ American Express _____

Account Number: _____ Exp Date: _____ CVV2: _____

Name as it appears on the card: _____

Note: CVV2 code is on the back of M/C and Visa or on the front of Amex

Checking Account _____

Name on the account: _____

Name of bank or financial institution: _____

Routing Number: _____

Account Number: _____ **** Please enclose a voided blank check ****

Authorized signature(s)

Date

Please complete this form and email, fax, or mail the completed form to:
All American Waste, P.O. Box 630, East Windsor, CT 06088
Email Address aawllc.com Phone: 860-354-2213 Fax: 860-741-5927