

Auto-Pay Enrollment Form

Chrin Hauling, Inc offers the option of "Auto-Pay". "Auto-Pay" provides you with the convenience of having your balance automatically paid from the bank account of your choice or credit card.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH OR CREDIT CARD)

CUSTOMER NAME	CUSTOMER ACCOUNT #
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ADDRESS	Date
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I (we) hereby authorize Chrin Hauling to initiate charges to my (our) Checking Account/Savings Account indicated below for the amount due on my account for each billing cycle. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with all provisions of U.S. Law.

BANK NAME	BANK ACCOUNT NUMBER
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CIRCLE ONE: CHECKING –OR- SAVINGS	
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BANK ROUTING NUMBER

NAME ON ACCOUNT (BUSINESS NAME)	SIGNATURE
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I (we) hereby authorize Chrin Hauling to initiate charges to my (our) Credit Card indicated below for the amount due on my account for each billing cycle. I (we) acknowledge that the origination of Credit Card transactions to my (our) account must comply with all provisions of U.S. Law.

CREDIT CARD NUMBER	EXPIRATION DATE	CVC (Verification Code)
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<input type="checkbox"/> Visa	<input type="checkbox"/> Discover	<input type="checkbox"/> Debit
<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express	

ACCOUNT NUMBER	
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NAME AS IT APPEARS ON CARD	SIGNATURE OF CARD HOLDER
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E-MAIL ADDRESS	
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Termination of above agreement must be received in writing.