



Automatic Credit Card Payment Form

Date: _____

I, _____ authorize Obras, LLC dba Clear Creek Disposal to charge my credit card account number listed below, starting _____ (beginning date)) for the account balance for services provided at the following street address: _____.

My Customer Number is: _____ My Site Number is: _____ (just below Customer Number).

For verification purposes my phone number is: _____.

You may select to have your credit card run automatically each month or quarter, depending on your billing cycle or you may select to leave your credit card on file to only be run with your notification.

_____ Automatic Withdrawal or _____ Credit Card on File With Notification to Withdraw (choose one)

Ways to notify Clear Creek Disposal to process a credit card payment:

- 1) Call 208-726-9600 speak to Clear Creek Disposal representative
- 2) Email: info@ccdisposal.com
- 3) Fax: 208-726-8041

My account information is as follows:

_____ Visa _____ MasterCard _____ American Express _____ Discover (check one)

Card Number: _____

Expiration Date: _____

Name Exactly as on Card: _____

Mailing Address Associated With Credit Card: _____

(be sure to provide entire & correct mailing address. Eliminating any part of address may result in a decline of your credit card)

Customer Name on Clear Creek Account

Customer Signature

Date

This authorization is valid and to remain in effect unless I, _____ notify Obras, LLC dba Clear Creek Disposal of its cancellation by sending written notice by one of the following methods:

- 1) Email: info@ccdisposal.com
- 2) Fax: 208-726-8041
- 3) Mail: PO Box 130 Ketchum, Idaho 83340