



PO Box 12106
Portland OR 97212-0106
503-281-8075

I authorize Cloudburst Recycling Inc to begin automatic deductions from the financial institution named below for payment of my garbage & recycling bill. The amount of any charges due on my account will be deducted from this bank account and paid to Cloudburst Recycling Inc. I have a right to recover the amount of any erroneous deduction, either by check or as a credit to my account. In the event of insufficient funds or closed accounts, normal fees for returned items will apply. I understand that NO statement will be sent UNLESS my account has been charged for extra service. This authorization is to remain in effect until Cloudburst Recycling has received written notification from me (or either of us) of its termination thirty (30) days before the withdrawal date.

CLOUDBURST CUSTOMER INFORMATION

CUSTOMER NAME	
SERVICE ADDRESS	
CLOUDBURST ACCOUNT #	
MAILING ADDRESS	
CITY STATE ZIP	
EMAIL	

BANK CHECKING ACCOUNT INFORMATION

BANK NAME	
BANK ACCOUNT NUMBER	
NAME(S) ON ACCOUNT	
AUTHORIZED SIGNATURE	
PRINT NAME (REQUIRED)	
DATE	

**** INCLUDE A VOIDED CHECK---NOT A DEPOSIT SLIP (REQUIRED)**

Complete and print the form and mail to Cloudburst at the above address.
Funds will be transferred from your checking account on a specific date of the month due.
We will notify you of your schedule.