



Recycling & Waste Collection Services
Portable Toilet Rentals
Jobsite & Event Services
Mobile Data Shredding
Commercial • Residential

Auto Pay Plan—Pay Your Bills the Easy Way!

Our Auto Pay Plan is an easy, convenient and environmentally-friendly way to pay your SSC bill!

To enroll, complete and sign the form below and return to us. Keep a copy for your records. Please continue to pay your bill as usual until your statement indicates the amount will be deducted from your bank account. Even though your bill will be paid automatically, you will still receive a statement from us. To sign up for paperless e-statements click [here](#). There is no charge to use the Auto Payment Plan. If for some reason you want to cancel the Auto Pay Plan, simply notify us in writing thirty (30) days before your account is scheduled to be debited (the due date on your statement). If you want to change the account you use for the Auto Pay Plan, please contact us as soon as possible or sign up [here](#) to manage your account online. If you think an error has occurred on your statement, please contact us immediately to see if an adjustment to your bill should be made. For questions, please [contact us](#) or call (360) 734-3490.

Mail completed form to:

SSC – Auto Pay Plan, PO Box 1648, Bellingham, WA 98227

ssc-inc.com 

AUTO PAY PLAN AUTHORIZATION FORM

Customer Name _____

Billing Address _____ City _____ Zip _____

Signature _____

2nd Signature on account (if any) _____

I hereby authorize Sanitary Service Company, Inc. (SSC) to automatically withdraw or make a credit card charge, from my account identified below, the total amount due on my collection bill statement. I authorize the Financial Institution named below to accept such transactions initiated by SSC. The withdrawals shall be made from my account on the due date indicated on each billing statement. This authorization is to remain in effect until SSC has received written notification from me (or either of us) of termination thirty (30) days before the withdrawal date.

Auto Pay Plan – Checking or Savings Account

Financial Institution (Name) _____ Branch _____

Type of Bank Account Checking (attach a voided check) Savings (attach a savings withdraw slip)

ABA/Transit # _____ Account # _____
(First 9 numbers on the bottom encoded line of your check or savings withdrawal slip)

NOTE: Remember to enclose a voided check or savings withdrawal slip.

Auto Pay Plan – Credit Card

Credit Card VISA Mastercard American Express Discover

Account # _____ Security Code (CVV) _____ Exp (Mo/Yr) _____
(3 digit code on back of card)

Print Name _____ Date _____

Daytime Phone _____ Email _____