



Dear Valued Customer:

Recyclelink is pleased to offer you the option of paying your recycling bill through automatic withdrawal from your checking or savings account.

What is Auto Pay?

Auto pay allows you pay your RecycleLink bill through auto deduction from your checking or savings account. You can elect to pay every 4, 8 or 12 month period.

How do I sign up?

Our Auto Pay Plan is an easy and convenient way to pay your recycling bill. Just complete and sign the Authorization form below, detach it, and return it with a VOIDED CHECK or SAVINGS WITHDRAWAL SLIP from the account you want your collection bill payment taken from. It is important to send either a voided check or savings withdrawal slip and NOT a deposit slip. Deposit slips DO NOT contain all the necessary bank coding information.

How does it work?

Your Financial Institution will automatically withdraw the payments from your bank account prior to each elected period.

❖ **Important note: If you receive this Auto Pay Slip with your bill please pay the statement that you just received and your autopay will take place during the next billing period.**

If for some reason you want to cancel, or changing account numbers on the Auto Pay Plan, simply notify us by calling our office 402-466-0412, and/or emailing us @ questions@recyclelink.net

Mail Auto Pay Slip to:

RecycleLink
10330 "I" St Suite 100
Omaha, Nebraska 68127

AUTO PAY SLIP
AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

RECYCLELINK COMPANY ID#84-1442015

I hereby authorize Recyclelink hereby called COMPANY, to initiate debit entries to my (our) () CHECKING or () SAVINGS account (check one) indicated below and the depository name below, hereinafter called DEPOSITORY, to debit same to such account.

I elect to pay my bill in () 4 months, () 8 months, () 12 months (check one) periods.

Depository (Bank or Savings and Loan Company Name)

Name _____ Branch _____

City _____ State _____ Zip _____ Transit/ABA # _____

Account # _____ (Savings or Checking Account Number)

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Customer Name(s) _____ Recycling Account # _____

Service Address _____

Date _____ Signed _____

PLEASE ENCLOSE VOIDED CHECK