

**TROJE'S TRASH
PICK-UP SERVICE, INC.**

Small enough to know you – Large enough to serve you
6010 Concord Blvd.
Inver Grove Heights, MN 55076
Phone 651-459-8223 Fax 651-451-1261

DIRECT PAYMENT AUTHORIZATION FORM: VARIABLE PAYMENTS

TROJE'S ACCOUNT NUMBER _____

Date _____

First Name _____ Last Name _____

Service Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Work/Cell Phone () _____

YES! Please sign me up for paperless statements.
Send future bills to the provided email address _____

I authorize Troje's Trash Service to initiate credit/debit card entries to my account listed below
for payment of my _____ (type of bill)

Name exactly as it appears on credit card (PLEASE PRINT) _____

Address credit card statement is mailed to _____

City _____ State _____ Zip _____

Type of credit card VISA MASTER CARD AMERICAN EXPRESS DISCOVER

Credit Card Number _ _ _ _ - _ _ _ - _ _ _ - _ _ _

Expiration Date _ _ / _ _ 3 Digit Security Code (CVV2) _____ (On the back of the card)

Signature required _____

THE AUTHORITY YOU GIVE TO CHARGE YOUR ACCOUNT WILL REMAIN IN
EFFECT UNTIL YOU NOTIFY US IN WRITING TO TERMINATE THE AUTHORIZATION.

**You will continue to receive a statement on the first of every month. All payments will be
deducted from your credit/debit card on the 20th day of each month.**

It is your responsibility to call our office if you need to update your credit/debit card information.