



## City of Columbia EasyPay Application – Solid Waste Services

Please sign me up for the **Solid Waste EasyPay Program**. I have read this entire form. By completing this form and sending it to the City of Columbia, I agree to the following:

1. The City of Columbia and my bank both reserve the right to terminate my participation in this program at anytime.
2. I will continue to receive a statement giving usage and debit details. I will continue to examine my statement when I receive it. A notification will be printed on my statement indicating the date and amount that will be drafted from my bank account. If my statement indicates that the draft will not be made for some reason, I will either make the payment myself or contact the City of Columbia Solid Waste Division to investigate the reason for non-payment.
3. If I wish to discontinue my participation in the program or change any banking information, I will notify the City of Columbia Solid Waste Division at least fifteen (15) days prior to any pending draft. If I do not notify the City of Columbia Solid Waste Division of any changes at least fifteen (15) days prior to a pending draft, the City of Columbia will not guarantee that the change or cancellation will be made before the draft. Any consequences suffered by the customer due to the customer not giving timely notice will not be the responsibility of the City of Columbia.
4. I authorize the City of Columbia to initiate variable credits/debits to my checking/savings account identified on this application for payment of my solid waste bills. I further authorize such bank to debit/credit the same to such account. This authorization remains in effect until appropriately revoked as stated above.
5. A voided check from appropriate bank account must be attached and form must be signed below for the City of Columbia to process this application.
6. The name on the Solid Waste account must match the name on the applicable bank account. If it does not, please contact the Solid Waste Division at 803-545-3800.
7. If you have been disqualified from this program in the past, you may be automatically disqualified again as stated in #1 above.

\_\_\_\_\_  
Signature (Must be authorized to sign checks for the listed bank account)

\_\_\_\_\_  
Date

### Customer Information

▲ Solid Waste Account Number ▲	▲ Home Phone ▲	▲ Business Phone ▲
▲ Service Address ▲		▲ Mailing Address (if different) ▲

### Banking Information

	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	
▲ Bank Account # ▲	▲ Transit / ABA # ▲	▲ Bank Address ▲
▲ Bank Name ▲		▲ Bank Address ▲

### For Office Use Only

CofC Office Use Only	Entry Date	Initials	HMax
<b>Please sign above and attach a voided check from appropriate bank account.</b>			

If there are any discrepancies of information provided, a City representative may call you for clarification.

**Mail Back to: City of Columbia Solid Waste Division, PO Box 147, Columbia, SC 29217-0001**

**(Don't forget to attach a voided check.)**