



Return completed form using one of these options:	MAIL: WMSC, PO Box 4713 Houston TX 77210-4713
	FAX: 866-313-8762
	EMAIL: CanadaPAP@wm.com
Questions?	Telephone: 866-834-2080, Option: 1, 2, 1

Consent for Pre-Authorized Payment Plan (PAP) and /or Paperless Billing

Waste Management Account Number or Customer ID: _____

Customer Account Information (Please Print)

Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Contact Person's Name: _____

Phone: _____ Email*: _____
** Email is required for paperless billing*

Terms and Conditions: Please read carefully

This pre-authorized payment plan (PAP) is for the convenience of the customer. The customer certifies that the information provided is correct and that the customer's bank account is in good standing with sufficient funds to cover pre-authorized payments as they come due. This pre-authorized payment plan can be terminated at any time by the customer upon written notification or by Waste Management of Canada Corporation with or without notification. Upon termination, any amount due shall be paid directly to Waste Management of Canada Corporation. Cancellation of pre-authorized payment does not constitute cancellation of service by Waste Management of Canada Corporation, and the customer shall be liable for any past, present or future amounts owing. Claims for reimbursement of any unauthorized debit must be made in writing within 90 days following the date of the relevant debit. Delivery of this authorization to Waste Management of Canada Corporation constitutes delivery to the financial institution noted. Waste Management of Canada is authorized to disclose the information contained in this authorization to any financial institution necessary to complete the relevant transaction.

***** **Reminder:** save the Admin Fee by enrolling for **both Paperless Billing and Pre-Authorized payments** in space provided below *****

***** **CONSENT FOR EMAILED INVOICES** *****

I hereby authorize Waste Management of Canada Corporation to provide my invoice via the new Paperless Billing solution. I understand that I will not receive a paper invoice if enrolled for paperless billing.

X

Authorized Signature for Paperless Billing Date

***** **CONSENT FOR PRE-AUTHORIZED PAYMENTS** *****

I hereby authorize Waste Management of Canada Corporation to debit the amount due on my monthly invoice from my financial institution on or after the 21st day following the invoice date.

X

Authorized Signature for Pre-Authorized Payments Date

OPTION 1 - INFORMATION FOR BANK DEBIT:

*** IF SELECTING THE BANK DEBIT OPTION, PLEASE ATTACH A COPY OF A SAMPLE CHEQUE MARKED "VOID" FOR VERIFICATION HERE ***

Bank: _____ Branch: _____

Address: _____ City: _____ Postal Code: _____

Account Holder Name: _____

Bank #: _____ Branch #: _____ Account #: _____

OPTION 2 - INFORMATION FOR CREDIT CARD PAYMENT:

Visa
 MasterCard
 American Express

Credit Card Number: _____ Exp. Date: /

Name on Card: _____