



Town of Gardnerville Health & Sanitation Department
1407 US Highway 395 N
Gardnerville, NV 89410
775-782-7134

Electronic Fund Withdrawal Authorization

Please debit my checking account, credit card, or debit card as indicated below, for payment to the Town of Gardnerville Health & Sanitation Department for trash service.

I agree that:

The Town of Gardnerville Health & Sanitation Department does not need to notify me that fees for trash service are due as long as this automatic payment plan is in effect. If my account has insufficient funds on the date of automatic payment deduction, any charges for non-payment will be paid by me and my account will be removed from this payment option and direct billed.

I _____ hereby authorize the Town of Gardnerville Health & Sanitation Department to debit my bank or credit/debit card account for payment of trash service fees until I rescind this agreement. I agree to make payments and cover any non-sufficient fund charges that may arise.

Phone # _____ Email _____

Signature

Date

Trash account # _____

Service Address _____

Commercial Accounts – autopayments occur on or around 10th of the month

Residential Accounts – autopayments occur on or around 10th of January, April, July, October

Please call us at 775-782-7134 with bank or credit/debit card information.

Do not include any banking information on this sheet.