



BBRD Recycling & Disposal Inc.  
PO Box 10143  
Prince George, BC V2K 5Y1  
Phone: 250-552-8192

**CONSENT FOR PRE-AUTHORIZED PAYMENTS AND/OR PAPERLESS INVOICES**

Account Number:	
Name:	
Address:	City/Province/Postal
Primary Contact:	
Phone:	Email:
*Required for paperless billing	

**CONSENT FOR EMAILED INVOICES**

I hereby authorize BBRD Recycling & Disposal Inc. to provide invoices and/or statements via email. I understand that I will not receive paper invoices if enrolled, unless requested.

\_\_\_\_\_

Authorized Signature

**CONSENT FOR PRE-AUTHORIZED PAYMENT**

I hereby authorize BBRD Recycling & Disposal Inc. to debit the amount due on my monthly invoice from my financial institution on or after the 21st day following the invoice date.

\_\_\_\_\_

Authorized Signature

**BANK DEBIT INFORMATION**

**\*IF SELECTING THE BANK DEBIT OPTION, PLEASE PROVIDE A COPY OF A SAMPLE CHEQUE MARKED "VOID".**

Bank:	Branch:	
Address:	City/Prov/Postal:	
Account Holder Name:		
Bank#:	Branch #:	Account#:

**CREDIT CARD INFORMATION**

Visa: <input type="checkbox"/>	Mastercard: <input type="checkbox"/>
Credit Card #:	Exp. Date:
Name on Card:	3 digit code:

NOTE: ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL AND USED ONLY FOR THE PURPOSES OF CONVENIENCE FOR THE CUSTOMER. INFORMATION WILL NOT SHARED WITH 3rd PARTIES UNLESS AUTHORIZED IN WRITING BY THE CUSTOMER.

ONCE COMPLETED, PLEASE PROVIDE THE FORM TO YOUR BBRD REPRESENTATIVE