

# MP MedPro Disposal

## Payment Authorization Form

Sign and complete this form to authorize MedPro Waste Disposal, LLC to securely store your credit card or checking account information on file for automatic payment of future invoices.

### Return Completed Form

**Email:** billing@medprodisposal.com

**Fax:** 888-215-0275

If you prefer to provide this information  
over the phone, please call: **877-302-8022**

**Mail:** Attn: Billing Department

MedPro Disposal

1952 McDowell Rd

Suite 300

Naperville, IL 60563

By signing this form, you authorize MedPro Waste Disposal, LLC to debit your account using the payment method provided below for payment of all agreed-to or contracted services. Payments will be processed on or after the invoice date.

### Credit Card Information

Card Type:  Visa  MasterCard  AMEX  Discover

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
Month (mm) Year (yy)

CVV: \_\_\_\_\_  
3 or 4-digit ID

Billing Street Address: \_\_\_\_\_ Phone # \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ Email \_\_\_\_\_

### eCheck Account Information

Name on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_

I authorize MedPro Waste Disposal, LLC to charge the credit card or checking account indicated in this authorization form per the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card or checking account and that I will not dispute the payment with my credit card company or bank; provided the transactions correspond to the terms indicated in this authorization form. The products and services being purchased through your Service Agreement may be subject to additional cost increases after the purchase date. I understand that I may be charged these post-purchase amounts for reasons including but not limited to legislative changes, increased costs of fuel, and escalated operational costs that require MedPro Waste Disposal, LLC to implement operational changes to comply with documented laws or cost escalations. I consent to these post-purchase price increases, and I authorize MedPro Waste Disposal, LLC to charge my credit card or checking account for these.