



**LINEN & UNIFORM**  
SINCE 1915

Life's too short to write checks, address envelopes and lick stamps! By signing up for Auto Pay, charges for your service will be charged to your card each month.

# AUTO PAY SIGN UP FORM

Please return by fax to **(518) 773-8848** or by email to [autopay@centurylinen.com](mailto:autopay@centurylinen.com)

Century Account Name: \_\_\_\_\_

Century Account #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

*Statements will be emailed to this address monthly*

**TYPE OF CARD:**    VISA    M/C    DISC    AmEx

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration: \_\_\_\_/\_\_\_\_

Security Code: \_\_\_\_\_



Credit Card Billing Address (Where Statement is Mailed):

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_

I authorize Century Linen & Uniform, Inc (Century) and the financial institution named above to automatically draft my credit card account for my service. I understand that this automatic draft will continue to recur each billing cycle for the amount due in accordance with my service agreement with Century, which shall also include any additional charges or fees which I have incurred during a billing cycle. This authorization is to remain in full force and effect until Century has received written notification from me of its termination in such time and in such manner as to afford Century and the financial institution a reasonable opportunity to act on it. I also understand that I am responsible for ensuring that the necessary funds are available at the time the draft occurs. I will continue to be responsible for payment should anything prohibit regular payment in this manner and Century is not responsible for any non-payment or subsequent damages which may occur.

**AUTHORIZED CUSTOMER SIGNATURE:**

**DATE:**

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