



**Ward**  
Waste Solutions

## Credit/Debit Card Auto Draft Form

Client Full Name: \_\_\_\_\_

Client Service Address: \_\_\_\_\_

Credit/Debit Card Number: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_

Billing Zip Code for Card: \_\_\_\_\_

CVV Number on Back: \_\_\_\_\_

### How to Submit Form:

- Email: [Billing@WardWasteSolutions.com](mailto:Billing@WardWasteSolutions.com)
- Call: (865) 805-7896 (8am – 1pm M-Th)
- Snail Mail: 2042 Town Center Blvd, Suite 117 Knoxville TN 37922