



Town of Franklinton
Trash service application

101 N Main St
 Franklinton, NC, 27525
 919-494-2520

Welcome to the Town of Franklinton! As a citizen of the Town, you have access to waste utility services which includes trash, recycling, bulk pickup, and some green waste. Please fill in all the info below and sign at the bottom to agree to the term and conditions.

Preliminary Questions

Who is filling out this application?

- The owner or renter
 - o Skip to section 2
- A representative of the owner or renter
 - o Continue to section 1

Section 1: Representative Personal Info	
Name	
Mailing Address	
Primary phone	
Secondary Phone	
Email address	

Section 2: Personal Information of Applicant	
Name	
Service Address	
Mailing Address (if different)	
Primary phone	
Secondary Phone	
Email address	
Date of Birth	
Driver's License	
Social Security	

Please fill out section 3 if the applicant is a renter.

Section 3: Owner Information of Service Address	
Name	
Mailing Address (if different)	
Primary phone	
Secondary Phone	
Email address	

The billing for the trash is as follows:

Initial application Deposit	\$25	One-time payment when first signing up for trash service
Regular Monthly Bill	\$25	Bill goes out on the 1 st and is due on the 20th
Late Penalty	\$15	One-time fee, considered late on or after the 21st of the month
Declined card or check	\$25	Automatic charge to your account
Trash can return fee after non-payment	\$25	Automatic charge to your account. If payment is not received by the end of the billing month, the trash cans at the service address will be picked up. For the cans to be returned, all fees must be paid.

Payments can be made in person or through our dropbox at the Town hall, by mail, over the phone, or online by cash, check, or card, though online is preferable. Our online payment portal can be found at our website at <https://portals.icheckgateway.com/TownofFranklinton/>. If you would like to setup a recurring charge or ACH for your trash utility account so that you never miss a payment, the online payment portal has that option at the end of the form and we also have separate forms which are on the following pages of this document.

This application constitutes an agreement between the Town of Franklinton and the applicant that the Town of Franklinton will manage the trash pickup with our service provider Waste Industries and the applicant is responsible for all fees associated with this administration of this service as outlined above. The Town of Franklinton reserves the right to modify this agreement as needed without warning or notice.

Print Name: _____

Signature: _____

Date: _____

Final notes:

- The \$25 application deposit is required before services become active.
- Are there trash cans already at the property?
 - Yes
 - No

Please send to trashservice@franklintonnc.us if you are filling out this form electronically.

Office Use	
Deposit	
FMS	
Portal	



Town of Franklinton
Authorization for Automatic Draft for Monthly Trash Bill

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I (we) authorize the **Town of Franklinton** to electronically debit my (our) account as follows:

Direct Payment through Bank

Account Type: Checking Savings

Bank Name	
Bank Address	
Routing Number	
Account Holder name	
Account Number	
Amount of Debit	\$25 + any applicable penalty fees
Date of Debit	On or after the 15 th of every month

Card authorization

Account Type: Debit Credit

Cardholder Name	
Billing Address	
Card Number	
CVC code	
Amount of Debit	\$25 + any applicable penalty fees
Date of Debit	On or after the 15 th of every month

Service Address: _____

Primary Phone: _____ Secondary Phone: _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify the **Town of Franklinton** in writing that I (we) wish to revoke this authorization. I (we) understand that the **Town of Franklinton** requires at least 2 weeks' notice prior to the proposed effective date of the debit in order to cancel this authorization.

If the payment is rejected for Non-Sufficient Funds (NSF) for Debit accounts or a Declined transaction for Credit card accounts, I understand that the **Town of Franklinton** may attempt to process the charge again within 30 days, and I agree to an additional **\$25** charge for each attempt returned NSF or Declined, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute the **Town of Franklinton** debit with my bank or credit card company so long as the transaction corresponds to the terms indicated in this agreement.

Name(s): _____

Signature(s): _____ Date: _____

IF DOING A DIRECT PAYMENT THROUGH YOUR BANK, PLEASE ATTACH AND SEND A VOIDED CHECK FOR THE ACCOUNT REFERENCED ABOVE AND PLEASE MAIL THE APPLICATION AND CHECK IN TO THE TOWN HALL AT 101 N MAIN ST, FRANKLINTON, NC, 27525 OR EMAIL TRASHSERVICE@FRANKLINTONNC.US