

# EZ BOTTLE AND CAN RETURN

Office Use only:

ACCOUNT NUMBER
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## APPLICATION FOR DROP-OFF FUNDRAISING ACCOUNT

1. Organization Name \_\_\_\_\_
2. Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Contact Person / Title \_\_\_\_\_
4. Phone number and Email of Contact person \_\_\_\_\_
5. Are you a Tax Exempt Organization            yes            no
6. Checks should be made payable to: \_\_\_\_\_

An ongoing Drop-off account enables an organization to receive donated funds on a monthly basis. Let all members of your organization or potential contributors know they can designate their refund of container deposits to be donated to your account when they drop off their beverage containers to **EZ Bottle and Can Return**. To open an account for your organization, forward this completed form to the address below.

I am authorized to open an ongoing drop-off account for the above named organization. I understand that all payments will be paid by check and mailed to the address designated above on the 15<sup>th</sup> day of each month anytime the balance of the account exceeds \$50. A balance of less than \$50 will be rolled over to the following month unless a request for disbursement is made. If the 15<sup>th</sup> falls on a weekend the payment will be made on the following Monday.

\_\_\_\_\_  
name

\_\_\_\_\_  
date

Return Completed Form to: EZ Bottle and Can Return  
1259 Fairport Road  
Fairport, NY 14450