TC Recycling, LLC

Phone: (724) 625-9000
Fax: (724) 625-3777
PO Box 1080
120 Hutchman Road
Mars, PA 16046
www.tcrecycling.com

Enrollment Form
For Recurring Credit Card Payments and Email Billing

☐ **I want to enroll in Recurring Credit Card Payments.**

☐ **I want to enroll in Email Billing to receive my invoices via email.** Electronic payment is not required to receive invoices via email.

☐ **I want to enroll in both Recurring Credit Card Payment and Email Billing.**

If you choose to receive invoices via email, the Company will send invoices to the email address provided instead of sending paper invoices. This choice is voluntary and can be cancelled by contacting our Customer Service Department. Allow 2-3 weeks for set up.

Cust #: _____ Print Customer Name _____

Service Address _____City_____State____ Zip_____

Phone # _____Email Address_____

We offer both Recurring Credit Card Payment and Electronic Funds Transfer from a bank account, see back for EFT details. Please choose one method of payment and provide that information.

☐ **DISCOVER CARD** ☐ **MASTERCARD** ☐ **VISA CARD**

Credit card #: _____ Expiration Month ____ Year _____Security Code _____
(on back of card)

Cardholder's information as it appears on your card statement.

Print Card Holder's Name _____

Street Address _____

City, State, Zip Code _____

☐ Beginning with my current outstanding balance.
☐ Beginning with my next billing cycle.

- Customer agrees that all information provided is accurate and complete. Please notify the Billing Dept. of any changes in the status of this account. A fee may apply for returned payments.
- The debit/credit card will be used to pay the customer's bill when charges are posted to the account and will continue until a written notice is submitted to stop automatic payments.
- Please print your name, sign, and date this form. Return by mail to TC Recycling, LLC., Attn: Billing Dept., P.O. Box 1080, Mars, PA 16046 or email: billing@tcrecycling.com.

By signing, I authorize TC Recycling, LLC., to initiate automatic payments using the card or account information provided above to satisfy my debts.

_____ _____ _____
Print Name Signature Date

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Enrollment Form
For Electronic Funds Transfer and Email Billing

☐ **I want to enroll in Electronic Funds Transfer.**

☐ **I want to enroll in Email Billing to receive my invoices via email.** Electronic payment is not required to receive invoices via email.

☐ **I want to enroll in both Electronic Funds Transfer and Email Billing.**

If you choose to receive invoices via email, the Company will send invoices to the email address provided, instead of sending paper invoices. This choice is voluntary and can be cancelled by contacting our Customer Service Department. Allow 2-3 weeks for set up.

Cust #: _____ Print Customer Name _____

Service Address _____City_____ State____ Zip_____

Phone # _____Email address_____

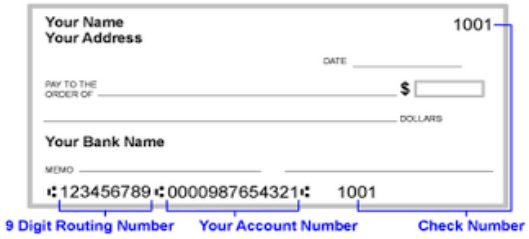
- Bank Information: **WE REQUIRE A VOIDED CHECK TO PROCESS YOUR REQUEST.**

Name/Owner of Bank Account: _____

Name of Financial Institution: _____

Bank Account #: _____

9 Digit Routing #: _____



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☐ Beginning with my next billing cycle.

- Customer agrees that all information provided is accurate and complete. Please notify the Billing Dept. of any changes in the status of this account. A fee may apply for returned payments.
- The bank account will be used to pay the customer's bill when charges are posted to the account and will continue until a written notice is submitted to stop automatic payments.
- Please print your name, sign, and date this form. Return by mail to TC Recycling, Inc. Attn: Billing Dept., PO Box 1080, Mars, PA 16046 or email: billing@tcrecycling.com.

By signing, I authorize TC Recycling, Inc. to initiate automatic payments using the account information provided above to satisfy my debts.

_____ _____ _____

Print Name | Signature | Date

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