

**Enrollment Form
 For Recurring Credit Card Payments and Email Billing**

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

Cust #: _____ Print Customer Name _____
 Service Address _____ City _____ State _____ Zip _____
 Phone # _____ Email Address _____

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.

- 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@senecalandfill.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