

**Enrollment Form  
 For Electronic Funds Transfer and Email Billing**

I want to enroll in 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.

Cust #: \_\_\_\_\_ Print Customer Name \_\_\_\_\_

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 #: \_\_\_\_\_



- You will receive an emailed receipt when your payment is processed; approximately 1 week after the invoice date.
- 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 Seneca Landfill, Inc. Attn: Billing Dept., P.O. Box 1080, Mars, PA 16046 or email: [billing@senecalandfill.com](mailto:billing@senecalandfill.com).

By signing, I authorize Seneca Landfill, Inc. to initiate automatic payments using the card or account information provided above to satisfy my debts.

\_\_\_\_\_  
 Print Name Signature Date