

**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 \_\_\_\_\_

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 \_\_\_\_\_



- You will receive an emailed receipt when you 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 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 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