

Enrollment Form For Electronic Funds Transfer

Cust #: _____ Print Customer Name _____

Services Address _____ City _____ State _____ Zip _____

Phone Number _____ Email address _____

I want to receive my invoice via email.

If the Customer has chosen to receive invoices via email, the Company will send invoices to the email address provided above instead of sending paper invoices via the US Postal Service. This choice is voluntary and can be canceled by calling our Customer Service Department. Allow 4-8 weeks for set up.

Name/Owner of Bank Account: _____

Name of Financial Institution: _____

9 Digit Routing #: _____

Bank Account #: _____

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.
- This bank information 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 Valley Waste Service, Inc. Attn: Billing Dept., 261 Wallace Run Rd, Beaver Falls, PA 15010 or email: billing@valleywasteservice.com.
- After a successful transaction has been completed, all documents will be destroyed.
- **WE REQUIRE A VOIDED CHECK TO PROCESS YOUR REQUEST.**

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

Print Name _____

Signature _____

Date _____