

Auto Payment Enrollment Form For Electronic Funds Transfer

Cust # _____

Beginning with my current outstanding balance

Beginning with my next billing cycle

For automatic payment of debts incurred by _____

Print Person/Company Name

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Name/Owner of Bank Account: _____

Name of Financial Institution: _____

9 Digit Routing #: _____

Bank Account #: _____



- Customer agrees that all information provided is accurate and complete. Please notify the Billing Dept. of any changes in the status of this bank 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.
- **We require a voided check to process your request.** Once your account has been updated and a successful transaction has been completed, all documents will be destroyed.

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

Print Name

Signature

Date