



**DISPOSAL SERVICE, INC.**

Phone: (724) 625-1511  
Fax: (724) 625-3750  
121 Brickyard Road  
Mars, PA 16046

www.vogeldisposal.com

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

- I want to enroll in Recurring Credit Card Payments.
- I want to enroll in Email Billing to receive my invoices via email. Electronic payment is not required to receive invoices via email.
- 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. This choice is voluntary and can be cancelled by contacting our Customer Service Department. Allow 2-3 weeks for set up.

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

Service Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

We offer both Recurring Credit Card Payment and Electronic Funds Transfer from a bank account, see back for EFT details. 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 \_\_\_\_\_



- 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.
- 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 Attn: Billing Dept., Vogel Disposal Service, Inc. 121 Brickyard Rd, Mars, PA 16046 or email: [billing@vogeldisposal.com](mailto:billing@vogeldisposal.com).

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

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_