

**Enrollment Form  
 For Electronic Funds Transfer**

We prefer Electronic Funds Transfers from a bank account but we also offer recurring credit card payments, see back. Please choose one method of payment and provide that information.

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.
- 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 Vogel Disposal Service, Inc. Attn: Billing Dept., 121 Brickyard Rd, Mars, PA 16046 or email: [billing@vogeldisposal.com](mailto:billing@vogeldisposal.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 Vogel Disposal Service, Inc. to initiate automatic payments using the card or account information provided above to satisfy my debts.

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

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date