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**Enrollment Form
For Electronic Funds Transfer and Email Billing**

- ☐ I want to enroll in Electronic Funds Transfer.
- ☐ 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 Electronic Funds Transfer 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 _____

• Bank Information:

WE REQUIRE A VOIDED CHECK TO PROCESS YOUR REQUEST.

Name/Owner of Bank Account: _____

Name of Financial Institution: _____

Bank Account #: _____

9 Digit Routing #: _____

- ☐ Beginning with my current outstanding balance.
- ☐ Beginning with my next billing cycle.

The diagram shows a check with various fields labeled for data entry. At the top left are 'Your Name' and 'Your Address'. To the right is 'DATE'. Below these is 'PAY TO THE ORDER OF' followed by a dollar sign and a box for the amount, and then 'DOLLARS'. Below that is 'Your Bank Name' and 'MEMO'. At the bottom, the check number '1001' is shown. Brackets at the bottom identify the '9 Digit Routing Number', 'Your Account Number', and 'Check Number'.

- 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 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 Attn: Billing Dept., Shank Waste Service, Inc. 4201 Arnold Ave., Lower Burrell, PA 15068 or email: custsvc@shankwasteservice.com.
- Please include a voided check with enrollment form.

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

Print Name

Signature

Date