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Enrollment Form For Electronic Funds Transfer and Email Billing

□ I want to enroll in E	lectronic Funds Transfer.		
receive invoices via em	mail Billing to receive my invoices vail. oth Electronic Funds Transfer and E		t required to
provided instead of sen	o receive invoices via email, the Com ding paper invoices. This choice is v rtment. Allow 2-3 weeks for set up.	roluntary and can be cancelled by o	
Cust #:	Print Customer Name		
Service Address	City	State 2	<u>ʻ</u> ip
Phone #	Email address		
Bank Information:	WE REQUIRE A VOIDED CHE	CK TO PROCESS YOUR REQUES	<mark>Г.</mark>
Name/Owner of Bank A	Account:		
Name of Financial Instit	tution:		
Bank Account #:		Your Name Your Address DATE BAY TO THE ORDER OF	1001
9 Digit Rourting #:		Your Bank Name	DOLLARS
☐ Beginning with my co☐ Beginning with my n	urrent outstanding balance. ext billing cycle.	9 Digit Routing Number Your Account Number	Check Number
 of any changes in the This bank information will continue until a v Please print your nan 	t all information provided is accurate status of this account. A fee may an will be used to pay the customer's written notice is submitted to stop ane, sign, and date this form. Returnate Ave, Youngstown, OH 44509 or	oply for returned payments. bill when charges are posted to th utomatic payments. by mail to Attn: Billing Dept., Ohic	e account and Valley Waste
	Ohio Valley Waste Service, Inc. to ini bove to satisfy my debts.	tiate automatic payments using the	e account
Print Name			 Date