

## 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 chosen 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.



- 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.
- This bank information 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 Tri-County Industries, Inc. Attn: Billing Dept., 159 TCI Park Drive, Grove City, PA 16127 or email: [billing@tricountyind.com](mailto:billing@tricountyind.com).

By signing, I authorize Tri-county industries, Inc. to initiate automatic payments using the account information provided above to satisfy my debts.

Print Name

Signature

Date