Diamond Mulch, Inc.

1 Hershey Road
Indianola, PA 15051
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www.diamondmulch.com

**Enrollment Form**
**For Electronic Funds Transfer**

Cust #: _____ Print Customer Name _____

Services Address _____City_____State____ Zip_____

Phone Number _____Email Address_____

☐ **I want to receive my invoice via email.**

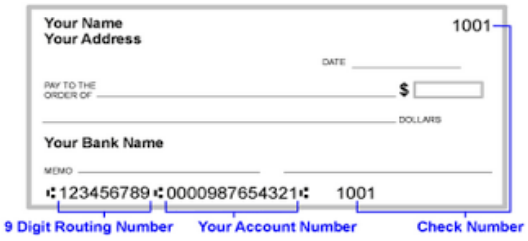
If the Customer has chosen to receive invoices via email, the Company will send invoices to the email address provided above instead of sending paper invoices via the US Postal Service. This choice is voluntary and can be canceled by calling our Customer Service Department. Allow 4-8 weeks for set up.

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 Diamond Mulch, Inc. Attn: Billing Dept., P.O. Box 432, Mars, PA 16046 or email: **billing@diamondmulch.com**. This is an automated mailbox.
- 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 Diamond Mulch, Inc. to initiate automatic payments using the card or account information provided above to satisfy my debts.

_____ _____ _____
Print Name Signature Date