

Serafine Hauling LLC
PO Box 597
Slippery Rock, PA 16057

724-445-7488

www.serafinehauling.com

serafinehaulingllc@gmail.com



DIRECT DEBIT PAYMENT AUTHORIZATION FORM

Customer Information:

Print Customer Name: _____

Service Address: _____

Billing Address (if different): _____

City: _____ State: _____ Zip: _____

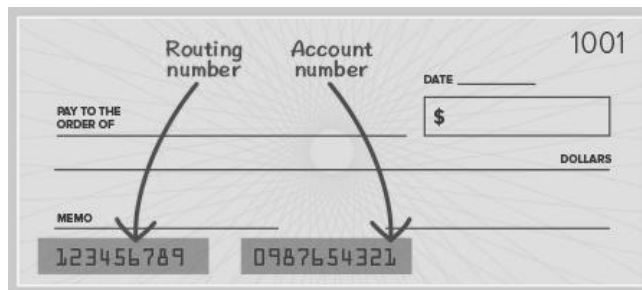
Phone: _____ Email Address: _____

Bank Account Information:

Name of Financial Institution: _____

Checking Savings

Routing Number: _____ Account Number: _____



PLEASE ATTACH 1 VOIDED CHECK PER ACCOUNT TO THIS FORM.

Terms:

- Please contact the office a minimum of 15 days prior to scheduled payment to make any changes to this information.
- A fee of \$20 will be applied for returned payments.
- Please return this form to:

Serafine Hauling LLC

PO Box 597

Slippery Rock, PA, 16057

or email to: serafinehaulingllc@gmail.com

By signing, I authorize Serafine Hauling LLC to initiate automatic payments using the account information provided above to satisfy my debts.

Print Name

Signature

Date

*This form is intended for one banking institution. For multiple banking institutions, please complete a different form for each institution.