

**Serafine Hauling LLC**  
**PO Box 597**  
**Slippery Rock, PA 16057**  
724-445-7488  
www.serafinehauling.com  
serafinehaulingllc@gmail.com



**ENROLLMENT FORM**

Recurring Credit Card Payments, ACH Payments and Paperless Billing

- I want to enroll in paperless billing to receive my invoices via email.** Electronic payment is NOT required to receive invoices via email.
- I want to enroll in recurring payments**
- I want to enroll in both recurring payments AND paperless billing.**

*Please complete either ACH Payments OR Credit Card Payments section.*

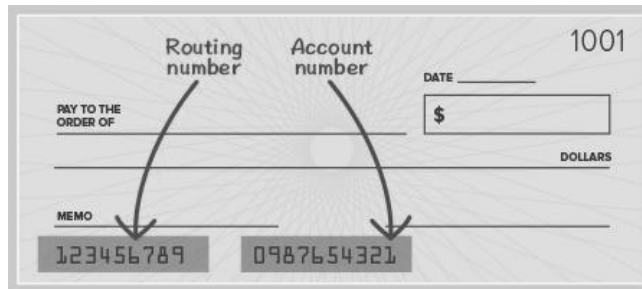
**Customer Information:**

Print Customer Name: \_\_\_\_\_  
Service Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**ACH PAYMENTS**

**Bank Account Information:**

Name on Account: \_\_\_\_\_  
Name of Financial Institution: \_\_\_\_\_ Checking  Savings   
Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_



**PLEASE ATTACH 1 VOIDED CHECK PER ACCOUNT TO THIS FORM.**

**CREDIT CARD**

**Credit Card Information:**

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_  
Security Code: \_\_\_\_\_

**Cardholder's Information:**

Print Cardholder's Name: \_\_\_\_\_  
Billing Address (If it is different from your service address.)

**I would like this information to begin:**

- With my current outstanding balance
- With my next billing cycle

**Terms:**

- The customer agrees that all information is accurate to the best of their ability. Please notify the office of any changes. A fee of \$20 will be applied for returned payments.
- Please sign and return this form to *Serafine Hauling LLC PO Box 597, Slippery Rock, PA, 16057* or email to: [serafinehaulingllc@gmail.com](mailto:serafinehaulingllc@gmail.com).

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

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Print Name

Signature

Date