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



All customers must return this form with their first payment, or complete the electronic form on our website at <u>https://serafinehauling.com/sr-borough</u>.

	<u>ACCOU</u>	NT INFORM	<u>NATION</u>		
Customer Informatio					
Print Customer Name					
Service Address:					
Billing Address (if diffe	erent):				
	City:			State:	Zip:
Phone #:	Email A	ddress:			
		<u>BILLING</u>			
I want to enroll in p	paperless billing to <i>i</i>	receive my	, invoices	via <u>email</u> .	
My email addr	ess is:				
I want to enroll to a	continue to <i>receive</i> i	my invoice	es by <u>mail</u> .		
	AU	TO-PAYME	ENT		
I want to enroll in c				ormation is v	vritten below.
	optional auto-payme	ent. My pa		ormation is v	vritten below.
	optional auto-payme nroll in auto-payme	ent. My pag nt.	yment info	ormation is v	vritten below.
I do NOT want to e	optional auto-payme nroll in auto-payme <u>AC</u>	ent. My pa	yment info	ormation is v	vritten below.
 I want to enroll in c I do NOT want to e Bank Account Inform Name on Account:	optional auto-payme nroll in auto-payme <u>ACI</u> nation:	ent. My pag nt.	yment info	ormation is v	vritten below.
 I do NOT want to e Bank Account Inform Name on Account: Name of Financial Ins 	pptional auto-payme nroll in auto-payme <u>AC</u> nation:	ent. My pay nt. <u>H PAYMEN</u>	yment info	Checking ©	⊃ Savings □
 I do NOT want to e Bank Account Inform Name on Account:	pptional auto-payme nroll in auto-payme <u>AC</u> nation:	ent. My pay nt. <u>H PAYMEN</u>	yment info	Checking ©	⊃ Savings □
 I do NOT want to e Bank Account Inform Name on Account: Name of Financial Ins 	pptional auto-payme nroll in auto-payme <u>AC</u> nation:	ent. My pay nt. <u>H PAYMEN</u>	yment info	Checking ©	⊃ Savings □
I do NOT want to e Bank Account Inform Name on Account: Name of Financial Ins	optional auto-payme nroll in auto-payme <u>AC</u> nation: titution:	ent. My pay nt. <u>H PAYMEN</u> Account N	yment info	Checking ©	⊃ Savings □
I do NOT want to e Bank Account Inform Name on Account: Name of Financial Ins	pptional auto-payme nroll in auto-payme <u>AC</u> nation: titution:	ent. My pay nt. <u>H PAYMEN</u>	yment info	Checking a	⊃ Savings □
I do NOT want to e Bank Account Inform Name on Account: Name of Financial Ins	optional auto-payme nroll in auto-payme <u>AC</u> nation: titution:	ent. My pay nt. <u>H PAYMEN</u> Account N	yment info I <u>TS</u> Number:	Checking a	⊃ Savings □
I do NOT want to e Bank Account Inform Name on Account: Name of Financial Ins	pptional auto-payme nroll in auto-payme <u>AC</u> nation: titution:	ent. My pay nt. <u>H PAYMEN</u> Account N	yment info	Checking a	⊃ Savings □
 I do NOT want to e Bank Account Inform Name on Account: Name of Financial Ins 	pptional auto-payme nroll in auto-payme <u>AC</u> nation: titution:	ent. My pay nt. <u>H PAYMEN</u> Account N	yment info	Checking a	□ Savings □
 I do NOT want to e Bank Account Inform Name on Account: Name of Financial Ins 	pptional auto-payme nroll in auto-payme <u>AC</u> nation: titution:	ent. My pay nt. <u>H PAYMEN</u> Account N	yment info	Checking a	□ Savings □

Slippery Rock Borough- Enrollment 1

CREDIT CARD

Credit Card Information:

Credit Card #:	
Security Code:	

_____ Expiration Date: ___/___

Cardholder's Information:

Print Cardholder's Name: _____

Billing Address	(If it is	different fro	om your	service	address.)
-----------------	-----------	---------------	---------	---------	-----------

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
	<u>TRASH CARTS</u>	
All customers will rec	aive (1) 95 gallon trash cart unless of	therwise requested below

All customers will receive (1) 95 gallon trash cart unless otherwise requested below.

□ I wish to receive a 35 gallon trash cart INSTEAD of a 95 gallon trash cart. I wish to add on an additional 95 gallon trash cart at a rate of \$15/month.

Terms:

- You have the option to change any of these at any time. Please contact the office to do so. You may also choose to update your information via the link found at https://serafinehauling.com/sr-borough.
- 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