

**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 <https://serafinehauling.com/sr-borough>.

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**ACCOUNT INFORMATION**

**Customer Information:**

Print Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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**BILLING**

I want to enroll in paperless billing to receive my invoices via **email**.

My email address is: \_\_\_\_\_

I want to enroll to continue to receive my invoices by **mail**.

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**AUTO-PAYMENT**

I want to enroll in optional auto-payment. My payment information is written below.

I do NOT want to enroll in auto-payment.

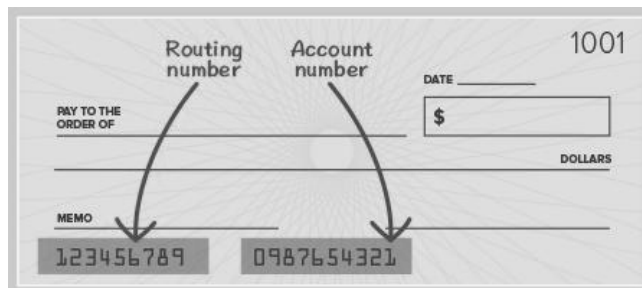
**ACH PAYMENTS**

**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.**

