

CORNERSTONE POOL SERVICE



Recurring Payment Authorization

We at Cornerstone Pool Service value your time and patronage and aim to make your relationship with us as easy as possible. Thank you for your interest in automatic payments. No more writing checks or buying stamps to mail your payment. Be secure knowing your pool service account won't lapse due to a lost or delayed payment. Please read the following disclosure carefully.

You authorize regularly scheduled charges to your checking/savings account or credit/debit card. You will be charged the full amount on your monthly statement, of which you will receive on or shortly after the 20th of each month. Any amount due over \$500.00 will automatically be assessed a processing fee of 2.5%. A receipt for each payment will be provided to you via email. Should you need to make other payment arrangements or cancel this automatic withdrawal, you agree to notify the accounting office at (559) 781-3252 ex 3, no later than 2 days prior to the end of the month.

I _____ authorize Cornerstone Pool Service to charge my credit/debit card or
(Full Name)

bank account indicated below for the full amount due including any processing fees on the last day of every month. I understand should I wish to terminate this automatic withdrawal I must notify the office in writing.

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____

Email (required for receipt) _____

Bank Details

Checking Savings Business Checking Credit/Debit Card

Name on Account _____

Bank Name _____

Routing Number (for ACH only) _____

Account/Card Number _____

Expiration Date (card only) _____ CVV _____

The diagram shows a check with the following fields highlighted:

- Routing Number:** 123456789
- Account Number:** 987654321
- Check Number:** 1035

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Cornerstone Pool Service in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the last business day prior to. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Cornerstone Pool Service may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$15 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account or and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____
(Account Holder's Signature)

DATE _____