



ACH Payment Authorization

Sign and complete this form to authorize Aquamatic East Coast, LLC to make a debit to your checking or savings account.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date.

I _____ authorize _____ to charge my
(Full Name) (Merchant's Name)

bank account indicated below for the deposit of \$ _____ on _____.
(Amount \$) (Date)

Would you like the balance payment charged to this account? ___yes ___no

Payment is for _____.
(Description of Goods/Services)

Billing Information

Billing Address _____ City _____ State _____ Zip _____

Phone # _____

Email _____

Bank Details

Checking Savings

Account Name _____

Bank Name _____

Routing Number _____

Account Number _____



I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment being rejected for Non-Sufficient Funds (NSF) I understand that Aquamatic East Coast, LLC may, at its discretion, attempt to process the charge again within 30 days, and I agree to an additional \$25.00 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute Aquamatic East Coast, LLC billing with my bank so long as the transaction corresponds to the terms indicated in this agreement. Furthermore, I request AEC keeps my ACH payment information on file for the service year (defined as January 1 - December 31 of the current year) to use on future services throughout the year as needed.

I understand that all ACH transactions will incur a \$3.00 fee for the use of this payment process.

SIGNATURE _____ DATE _____

(Account Holder's Signature)

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Aquamatic East Coast, LLC & Pool Safety Services