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ACH Authorization Agreement

Customer Information

Customer Name: _____
Service Address: _____
Phone: _____
Email: _____

Bank Account Information

Bank Name: _____
Account Type: Checking Savings
Routing Number: _____
Account Number: _____

Authorization and Terms

By signing below, I authorize **Vineyard Pool & Spa, Inc.** ("VPS") to electronically debit my bank account listed above for the total balance due for services rendered, including but not limited to pool openings and closings, weekly cleanings, chemicals, repairs, and any agreed-upon products or deposits. If a debit entry is made in error, VPS is authorized to make an equivalent credit entry to correct it.

Stored Authorization:

I agree that this authorization and banking information may be securely stored on file by Vineyard Pool & Spa, Inc. and used for any future approved work orders, seasonal services, deposits, or product purchases without requiring a new authorization form, unless revoked in writing.

Payment Schedule

- Recurring Monthly Billing
- Agreed-Upon Repair or Service
- Sale of Product (hot tubs, saunas, or cold plunges only)

Start Date: _____, 2025

This authorization will remain in full effect until I notify VPS **in writing** at least **14 business days** before the next scheduled debit.

Customer Responsibilities

- I understand that sufficient funds must be available in my account on the date of each debit.
- Returned or rejected payments (NSF, stop payment, or closed account) will result in a **\$35 returned payment fee**, and services may be suspended until payment is received.
- VPS reserves the right to charge the account for any outstanding balance owed, including late fees, service deposits, or chemical purchases.
- Any dispute regarding service must be addressed **before** the billing date; disputes raised after funds are withdrawn will not result in a refund.

Cancellation and Refund Policy

ACH payments are **non-refundable once processed**.

If a client wishes to discontinue ACH billing, written notice must be received at least 14 business days prior to the next draft date.

Cancellations or refunds requested after processing will not be honored.

Authorization

I have read and agree to the terms above. I understand that this authorization applies to all services provided by Vineyard Pool & Spa, Inc. until revoked in writing.

Signature: _____ Date: _____

Printed Name: _____

If Signed by a Business or Property Manager

Company/Organization Name: _____

Authorized Signer Name & Title: _____

Phone: _____ Email: _____

By signing below, I confirm that I am authorized to approve charges on behalf of the business or property listed above and accept full financial responsibility for payments initiated under this agreement.

Signature: _____ Date: _____