



Surprise, AZ
480-250-7237

Recurring Payment Authorization Form

Schedule your payments to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged after each pest control service. For pool services, you will be billed at the end of the month after the services have been rendered. For any major repairs, invoice is due after the service. If it is a small replacement part (Gasket, O Ring) they will be billed along with your regular service invoice. A receipt will be emailed to you and the charge will appear on your bank or credit card statement. You agree that no prior-notification will be provided. If you need the payment extension, a written notice of 3 days is required.

Please complete the information below:

I _____ authorize Red Zone Pest and Pool to charge/debit my account
(full name)

indicated below either at the end of the month for Pool Service or the next day following Pest Service.

If both pool and pest services are bundled, the above will occur per service requirement.

I understand that I will only receive advance notice of the charge if it exceeds the agreed amount.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Checking/ Savings Account

Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Credit Card

Visa MasterCard

Amex Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV (3 digit number on back of card) _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Red Zone Pest Defense and Pool Care** in writing of any changes in my account information or termination of this authorization at least 3 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 next business day. 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 **Red Zone Pest Defense and Pool Care** may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$25.00** 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 credit card/bank account and will not dispute the scheduled transactions with my bank or credit card company; provided the transactions correspond to the terms indicated in this authorization form.