# *Customer Payment Instructions*

| *WIRE TRANSFER INSTRUCTIONS:* | *MAILING INSTRUCTIONS:* |
|---|---|
| *TARGET BANK: REGIONS BANK* | *H2O SOLUTIONS, LLC* |
| *DOMESTIC ROUTING NUMBER: CALL OFFICE* | *ATTN: A/R* |
| *TENNESSEE ROUTING NUMBER: CALL OFFICE* | *873 STEAM PLANT RD. BLDG. 100* |
| *BENIFICIARY NAME: H2O SOLUTIONS, LLC* | *GALLATIN, TN 37066* |
| *BENIFICIARY ACCOUNT NUMBER: CALL OFFICE* | |

- *We <u>can</u> accept payment via:*
  - *ACH / Bank Transfer On File For Autopay*
    - *Fill Out "Bank Transfer (ACH) Authorization Form" (See page 2)*
  - *Credit Card On File For Autopay (Invoices <$10,000)*
    - *Fill Out "Credit Card Authorization Form" (See page 3)*
  - *Credit Card Manually (Invoices <$10,000)*
    - *Simply pay your invoice sent via e-mail.*
  - *Check Mailed USPS (See above mailing instructions)*
  - *Wire Transfer (See above wire transfer instructions)*

- *We <u>cannot</u> accept payment hand delivered to our team members. Why? Our team is mobile. They likely will not make contact with our Accounts Receivable department for a week or longer. Accounts Receivable is not their job or department. This allows our field team members the ability to stay on task and focused on keeping our customers' wash equipment in operation.*

*We thank you for your business!*

Justin M. Allen

*H2O Solutions, LLC*

*H2OSOLUTIONSLLC.COM*

*1-855-326-WASH*

*<u>WASH@H2OSOLUTIONSLLC.COM</u>*

# *Bank Transfer (ACH) Authorization Form*

*I authorize **H2O Solutions, LLC** to electronically debit my bank account according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States law.*

*Terms of billing:*

*☐ Autopay for all invoices.*

*☐ One time on _____ for the amount of $_____.*

*☐ Starting on _____ and on the _____ of each month through _____ for the amount of $_____.*

*☐ Starting on _____ for the amount of $_____ and accordingly thereafter per the terms in invoice(s) _____.*

*Customer bank account information:*

*Routing number*

_____

*Account number*

_____

*Account type: ☐ Checking ☐ Savings ☐ Consumer ☐ Business*

*This payment authorization is to remain in effect until I, _____, notify **H2O Solutions, LLC** of its cancellation by giving written notice in enough time for the business and receiving financial institution to have a reasonable opportunity to act on it.*

*Customer Signature*

_____

*Customer Printed Name*

_____

*Date*

_____

# *Credit Card Authorization Form*

*Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.*

***Account Information***

*Account Name: _____*

*Number Of Sites: _____*

*Account Notes: _____*

***Credit Card Information***

*Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX*

*☐ Other _____*

*Cardholder Name (as shown on card): _____*

*Card Number: _____*

*Expiration Date (mm/yy): _____*

*Cardholder ZIP Code (from credit card billing address): _____*

*I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.*

*Customer Signature*

_____

*Customer Printed Name*

_____

*Date*

_____