

Pool Service America



Customer: _____

Contact Phone #(s): _____

Service Address: _____

Credit Card Automatic Payment Authorization

____ I hereby authorize all current and future Pool Service America charges to be charged when and as due to the credit card specified below.

Card type: ____ MasterCard ____ Visa ____ American Express

Card Number: _____

Name on Card: _____

Exp. Date ____/____/____

Bank Account ACH Automatic Debit Authorization

____ I hereby authorize all current and future Pool Service America charges to be debited from my bank account listed below when and as due.

Bank: _____

ABA #: _____

Account #: _____

> Signature: _____

Please complete this form and either:

- Mail to: Pool Service America
15431 W Dixie Hwy #4, North Miami Beach, FL 33162
- Fax to 305-940-8881, or
- Scan and e-mail to aurriche@poolserviceamerica.com