

ACH Debit | Authorization Form



White Pearl Management

Name: _____,
Please Print Last First MI

Street Address: _____

City/State/Zip: _____

Phone#: (_____) _____ Email: _____

Recurring Payment Plan Schedule | Recurring Debit Every Month

Payment Amount: \$ _____

Start Date: Month _____ Day _____ Year _____
(Start date must be at least 15 business days from submission of this form)

Acceptable range not to exceed \$ _____ per payment cycle for approved work in additional to the Landscape Management Contract.

Customer Bank Account Information

Individual or Company Name as it appears on bank account: _____

Bank Name: _____ Account Type: Checking Savings

Routing Number: _____

Account Number: _____

I authorize the Business identified above to electronically debit the bank account of which I am an authorized signor as identified above to the terms stated here and if necessary to electronically credit the bank account to correct erroneous debits. This authorization shall remain in effect until the Business identified above receives written notification from me of my intent to terminate and revoke this authorization at such time and in such manner as to afford the Business identified above, the Service Provider, and/or the bank reasonable opportunity to act (Minimum 30 days). I authorize this plan to continue so long as the payment amount and frequency remains unchanged, or unless the plan is terminated or revoked earlier by me as above. I understand that the timing of the revocation may not allow for scheduled payments to be stopped. I understand any additional amounts and/or changes to the amount, frequency, or bank account number will require a new ACH Debit Payment Authorization Form to be filled out and submitted to the Business identified above at least 15 days prior to being implemented to afford the Business identified above a reasonable opportunity to act. I understand that this payment plan may be cancelled by the Business identified above due to NSF (Non-sufficient Funds). I will be liable to pay an NSF fee of \$25.00 (or the amount allowable by law), which may be automatically debited for each NSF. I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan with the Business identified above. I indemnify and hold the Business identified above harmless from damage, loss or claim resulting from all authorized actions hereunder.

Customer Signature: _____ Date: _____