



Authorization - Pre-authorized Payments



Customer Name: _____ Date to begin: _____

Service Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____
(required for paperless billing statements)

I (we) authorize **RAM Commercial Enterprises, Inc. dba Creekside Lawn Care**, hereinafter called COMPANY to debit my (our) () Checking () Savings account () Credit Card (select one) indicated below.

The debit amount will be transferred on the 25th of the current month or the next business day if the 25th falls on a weekend or holiday. Unless otherwise instructed, the debit amount shall be equal to the current balance due. If funds are not available on the 25th of any month a late fee of \$25.00 shall apply. This agreement may be cancelled if funds are not available on the 25th more than once in a twelve month period. NSF fees and late charges will apply to all returned items and I agree to pay them promptly.

For ACH Transactions

Depository (Bank) Name: _____ Branch _____

City _____ State _____ Zip _____

Transit/ABA No. _____ Account No. _____

*******Attach a blank check to this authorization (VOID may be written on the check).*******

For Credit Card Transactions

Card Number: _____ Card Type: Visa MC (circle one)
Expiration Date: _____ 3 Digit Authorization Code on Back of Card: _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination. I understand my account must be current to begin and remain in this program.

Date _____ Signed X _____

Date _____ Signed X _____

Approved by: _____
Account Manager Accounting