

AUTO-PAY AUTHORIZATION FORM

Your AquaOne Account # _____



Please complete and sign the following Automatic Payment Authorization.

Mail to AquaOne, PO Box 8210, Amarillo, TX 79114

Fax to 806-803-9406 Email to: cs@drinkaquaone.com

Choose one option.

Option A - Automatic Credit Card payments.

Primary Credit Card	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
Credit card number:	Expiration date:		Security #:	
Name as shown on card:				
Cardholder's billing address:				
Telephone number:				
I hereby authorize on-going (automatic, recurring) payment of invoices with the same charge card, until otherwise notified. Charge my card every 28 days at the end of each billing cycle.				
Signature:	Name:		Date:	

Option B - Automatic Checking Accounts Debit payment.

I hereby authorize AquaOne to initiate debit entries to my checking account indicated below, every 28 days at the end of each billing cycle. **Include a voided check when submitting.**

Bank Name:	Bank Branch:	
City:	State:	Zip:
Routing Number (9 digits):	Bank A/C number:	

This authority is to remain in full force and effect until AquaOne has received written notification from me of it's termination in such time and manner as to afford AquaOne reasonable opportunity to act on it.

Signature:	Name:	Date:
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