



**AUTHORIZATION AGREEMENT
FOR DIRECT PAYMENTS (ACH DEBITS)**

Customer Name: _____ **Start Month of:** _____

Street Address: _____

City, State, ZIP: _____

☐ I would like to make a one time payment of invoiced amount or \$ _____

☐ Effective the first day of each month, I hereby authorize Maintain Landscaping, to initiate debit entries to my

(Select One) ☐ Checking Account ☐ Savings Account

indicated below at the depository institution name below, in the amount of any assessment authorized by contract with Maintain Landscaping.

Bank Name: _____

Branch: _____

City: _____ State: _____ ZIP: _____

Routing Number: _____

Account Number: _____

This authorization is to remain in full force and effect until Maintain Landscaping has received written notification from me of its termination in such manner as to afford Maintain Landscaping and my bank/depository institution reasonable time to act upon it.

Please complete the below authorization; if you have chosen to use a joint bank account that requires two both signers must print and sign their name below.

Name(s): _____

Signature(s): _____ Date: _____

Daytime Number: _____

ACH is processed on the 1st of each month. It can take up to 3-5 days before the debit shows on your bank statement. Please Note: To insure accuracy, you MUST attach a VOIDED check from the account identified above. We must receive this form before the 20th of the month to start the next month. You may also fax or email this completed form with VOIDED check.