

Direct Debit Authorization Form

| | |
|--|---------------------------------------|
| Check One: | |
| <input type="checkbox"/> Initial Debit | <input type="checkbox"/> Modification |

| Customer Information | |
|----------------------|--|
| Name: | Social Security Number: □□□-□□-□□□□ |
| Address: | |
| Contact Person : | Telephone Number: () |
| E-mail Address: | Fax Number: () |

FINANCIAL INSTITUTION INFORMATION

| | |
|---|-------|
| NAME: | |
| ADDRESS: | |
| EXACT DEPOSITOR ACCOUNT TITLE: | |
| DEPOSITOR ACCOUNT NUMBER: | |
| 9 DIGIT ROUTING NUMBER: □□□□□□□□□ | |
| TYPE OF ACCOUNT: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| FREQUENCY: | |
| <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Other <small style="margin-left: 100px;">Indicate day of month</small> | |
| Instructions: | |
| I hereby authorize Lenard's Lawn Care Service. (hereafter "Company") to electronically debit any payments from the bank specified above. This authorization is to remain in full force and effect until the Company has received written notification from me of its termination in such time and manner as to afford the Company and the bank named above a reasonable opportunity to act upon it. | |
| I have read, understand and agree to the above statement. | |
| Signature: | Date: |
| **Please attach a voided check ** | |

Please complete and return this form to the following address:

| Office Use Only | |
|-----------------|-------|
| Entered | _____ |
| Initials | Date |
| Verified | _____ |
| Initials | Date |