



(561) 748-9984

Credit/Debit Written Authorization form

I (we) hereby authorize Core Pest Control Inc. to initiate entries to my (our) checking/savings account at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error.

(Name of Bank or Financial Institution)

(Address of Financial Institution Branch, City, State, & Zip)

Please Circle Type of Account:

Checking Savings

(Routing Number)

(Account Number)

You have authorized us to debit one payment per month in the amount of \$_____ (your monthly pest control rate), to be withdrawn from your bank account reflected above on the 30th of each month.

Customer Name - PLEASE PRINT)

Customer Address - PLEASE PRINT)

(Signature) (Date)

If you should need to notify us of your intent to cancel and/or revoke this authorization you must contact us 15 (days) prior to the questioned debit being initiated. Please call (561)748-9984 or email us at Core20023@gmail.com.

Please return form via email at Core20023@gmail.com or mail to:

Core Pest Control
5500 Military Trail ste 22-115
Jupiter FL 33458