

Electronic Funds Transfer Authorization Form

Maintenance

As a duly authorized check signer on the financial institution account identified below, I authorize Fowler Heating & Cooling to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable, apply electronic funds transfer credits to the same. This applies to check by phone payments as well as any other electronic payment. I understand the dollar amount can vary depending on services performed.

Furthermore, if any such electronic debit(s) should be returned by my financial institution as Non-Sufficient Funds (NSF), I authorize, Fowler Heating and Cooling, to collect a returned item fee of \$25.00 per item by electronic debit from my account identified below.

I understand and authorize all of the above as evidenced by my signature below.

Payment Terms: \$_____ Per Month For 12 Months with 0% Financing Charge

Authorizing Signature: _____ Date: _____

Printed Name: _____

Credit Card Authorization

I authorize Fowler Heating and Cooling to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable, apply electronic funds transfer credits to the same. I understand the dollar amount can vary depending on services performed. _ _

Card Type: _____ Card Number: _____ - _____ - _____

Card Expiration Date: _____ CVV# _____ Billing Zip Code: _____

Signature: _____ Date: _____

Financial Institution Account Identifying Information:

Please attach voided check

Financial Institution: _____

9 Digit Transit/ABA #: _____ Account #: _____

Signature: _____ Date: _____

Withdraw Date: 15th or 30th (please circle one)

For Office Use Only:

Name: _____ Customer #: _____