

Authorization for Recurring Electronic Checking or Savings Withdrawal for Critter Concierge Inc

I authorize Critter Concierge Inc to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below.
I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Terms of Billing

_____ Starting on _____ and on the _____ of each month following
[Month/Day/Year] [Day of Month]
through _____ for the amount of _____.
[Month/Day/Year] [Amount].

_____ Starting on _____ and on the _____ of each month following through
[Month/Day/Year] [Day of Month]
_____ for the amount owed to merchant as detailed in Invoice #/ #'s 1 - 20,000.
[Day of Month]

_____ Starting on _____ and subsequently debited at any time for the amount owed to
[Month/Day/Year]
merchant as detailed in Invoice #/ #'s 1 - 20,000.

Bank Information

Bank ABA Number _____
[Customer's Routing Number]

Bank Account Number _____
[Customer's Account Number]

Bank Account Type: _____
[Checking/Savings/Business Checking]

This payment authorization is to remain in full force and effect until I, _____, notify
[Customer Name]

Critter Concierge Inc of its cancellation by sending written notice in such time and in such manner to allow both the Critter Concierge Inc and receiving financial institution a reasonable opportunity to act on it.

[Customer Signature]

[Customer Printed Name]

[Date Signed]