

Authorization Agreement for Direct Payment (ACH Debits)

I hereby authorize Housekeeping Unlimited, Inc. to initiate a monthly debit to my account indicated below and the financial institution named below to debit the same amount to such account. I understand that this amount will vary depending on the amount of services rendered. I also understand that if I wish to dispute a charge, it is my responsibility to contact Housekeeping Unlimited.

Financial Institution Name (your bank)

Routing and Transit Number

Financial Institution Address

Customer Account Number

City, State, Zip Code

Customer Social Security Number

Payment made on the • 1st
nearest business day after the: • 15th

Please Circle One: • Checking
 • Savings

This authority is to remain in full force and effect until Housekeeping Unlimited has received written notification from me of its termination, in such time and in such manner as to afford Housekeeping Unlimited a reasonable time to act on it. I recognize that I must notify Housekeeping Unlimited of any change in banks or accounts to insure that payment for services rendered is payable.

Customer Name (please print)

Customer Signature

Date

Please tape a voided personal check below from the account you wish payment to be made.