

Credit Card Authorization Form for Direct Debit Program

(월 정수기 사용료 크레딧카드 자동 이체 신청서)

Please print and complete this authorization form and return back to customer@aqualifewater.com
 All information will remain confidential

I/We hereby apply for the Automatic Pay Program offered by Aqua-Life Water Systems, Inc.. If approved, I/We Authorize Aqua-Life Water Systems, Inc. to debit the credit card account listed below, for my/our monthly service for Drinking Water Systems. I/We understand that participation in this program requires a monthly debit from my designated credit card account. I also understand that I/we are responsible for paying any and all Financial institution fee related to Credit Card transactions. This authorization will remain in force until such time that I/we provide you written instructions to cancel.

By providing the below information and my signature, I/we agree to be bound by the Terms and Conditions of this arrangement.

아쿠아-라이프사에서 제공하는 크레딧카드 자동 이체 프로그램을 신청하며 직접 취소하기 전까지는 월 정수기 사용료를 아래에 명시한 크레딧카드에서 아쿠아-라이프사로 매월 1 일 자동 이체 되도록 허락합니다.

Name on Card	
Billing Address	
City, State, Zip	

Credit Card NO.			
Security Code			
Exp. Date		Card Type	
Phone NO.		Home NO.	

Cardholder Signature		Date	
----------------------	--	------	--