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Application for Direct Debit Program

월 정수기 사용료 은행 자동 이체 신청서

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 checking 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 checking account. I also understand that I/we are responsible for paying any and all Financial institution fees related to Direct Debit 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 라이프사 에서 제공하는 은행 자동 이체 프로그램을 신청하며 직접 취소하기 전까지는 월 정수기 사용료를 아래에 명시한 은행구좌에서 아쿠아 라이프사로 매월 1 일 자동 이체 되도록 허락합니다.

DIRECT DEBIT APPLICATION and AUTHORIZATION

NAME (as it appears on your bank statement): _____

Address: _____

City, State and Zip Code: _____

Telephone Number: Daytime () _____ Evening () _____

Bank Name & Address _____

Bank Routing & Checking Account Number _____

Number on the Bottom of your Check, reading from left to right (개인수표 밑줄 맨 왼쪽 번호부터 적어 주십시오.)

Print name (Must Match the Name on the Check)

Signature (Must Match Name on the Check)

***** PLEASE ATTACH A VOID CHECK WITH THIS APPLICATION.**

(무효한 체크 한 장을 이신청서와 함께 보내 주시기 바랍니다.)