

# ConveniencePay Enrollment Form

**Required**

## Customer Billing Information

Customer Name			
Billing Address			
City, State & Zip			
Primary Phone			
Alternate Phone			
E-Mail Address *	<i>Need receipt? Fill in for auto pay confirmation</i>		
Your account #	(7-digits found on your statement)	Recurring payment? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Check all that apply:  Annual Termite  Quarterly Pest  Monthly Lawn  Mosquito

### STEP ONE

Please complete the section to the right with your billing address & contact info.

### STEP TWO

Please choose the payment option most convenient for you and complete, sign & date one of the two forms to the right.

## Credit / Debit Card

Cardholder Name	
Company Name	<i>if applicable</i>
Card Number	
Expiration Date	
Card Type	<input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA

I, the undersigned, hereby acknowledge and agree to pay all charges from **Bryan Pest Control**. I understand it is my sole responsibility to monitor the activity on my Credit/Debit Card and further agree that, in the case of a dispute, I will resolve the matter directly with **Bryan Pest Control**.

X \_\_\_\_\_ Date \_\_\_\_\_

## e-Check (ACH Debit)

Name on Account	
Financial Institution	
ABA/Transit #	<i>9 digits</i>
Account Number	
Branch Location	

### AUTHORIZATION AGREEMENT FOR ACH PAYMENTS

I (we) do hereby authorize **Bryan Pest Control**, hereinafter named the COMPANY, to initiate debit entries to my (our)

Checking Account  Savings Account (select one) indicated and named above as the depository financial institution, hereafter named FINANCIAL INSTITUTION, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. Furthermore, if any such debit(s) should be returned NSF, I authorize the COMPANY to collect such debit(s) by electronic debit and subsequently collect a returned debit NSF fee of \$25.00 per item by electronic debit from my account identified below. **I am a duly authorized check signer on the financial institution account identified below, and authorize all of the above as evidenced by my signature below.**

X \_\_\_\_\_ Date \_\_\_\_\_

This authorization is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

### STEP THREE

Return by mail to:  
911 Don Dr  
Ft Walton Bch, FL  
32547

**Thank you!**