



EFT/CREDIT CARD AUTHORIZATION

I/we authorize my/our financial institution to make my/our payment by the method indicated below and post it to my/our account. I/we authorize Finken Water Inc, dba Finken Water Solutions, to electronically deduct my/our account balance, any past unpaid dues and other fees, taxes or charges from the account for which I/we have provided Finken Water Solutions the necessary information. The deductions will begin on the date selected from the account indicated below. This authority will stay in effect until I/we notify Finken Water Solutions to cancel it in such time as to afford Finken Water Solutions to act on it.

In addition, the financial institution I/we have listed below is authorized to charge my/our account the drafts/withdrawals initiated by Finken Water Solutions.

EFT Authorization

Credit Card Authorization

Name of Financial Institution:	Names on Credit Card Account:
Address:	
City/State/Zip:	Credit Card #:
Names on Financial Acct.:	Exp. Date:
	V-Code:
Routing #:	Billing address for credit card statements:
Bank Acct. #:	
Acct. Type: <input type="checkbox"/> Checking or <input type="checkbox"/> Savings	
Acct. Class: <input type="checkbox"/> Individual or <input type="checkbox"/> Business	

Please attach a voided copy of check for EFT Authorization.

I wish to have my draft/draw run on the 10th _____ / 20th _____ of each month. I understand the amount of the draft/draw will be the amount due as shown on the statement dated the 1st day of that month.

Signature/s: _____ Signature/s: _____

Date: _____

Printed Name: _____

Billing Address: _____

Phone # _____

Finken Customer # (if available) _____

Additional Terms and Conditions:

If it becomes necessary to submit the account to a 3rd party collection agency, a collection fee will be charged to your account in the amount of \$35.00 per occurrence.

If your Auto Pay is returned for any reason, a \$30.00 fee will be assessed to your account and will be deducted from your checking/savings the following month.