



AUTHORIZATION FORM FOR AUTOMATIC CREDITS (ACH CREDITS)

CUSTOMER NAME: _____

I hereby authorize **Rasa Floors & Carpet Cleaning LLC**, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for credit entries in error to the Checking Account indicated below at the depository named below, hereafter called DEPOSITORY, to credit and/or debit the same to such account:

DEPOSITORY NAME (your bank) _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

CK NO. _____

AUTHORIZED AMOUNT: \$ _____

This authority is to remain in full force and effect until COMPANY has received written notification of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

SIGNED: _____ DATE: _____

NAME: _____
(PLEASE PRINT)

TITLE: _____

Invoices to be paid:

Fax back to 972-236-9560