



## CREDIT CARD AUTHORIZATION

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

*Please withdraw payment from my (check one):*

Bank/Debit Card    Visa    MasterCard    Discover    American Express

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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### Auto-Pay

Regular Service Amount: \_\_\_\_\_

I authorize Preventive Pest Control to automatically withdraw from my checking or savings account or to charge my credit card for pest control services provided. I understand this automatic payment will continue to recur for each regular service for the amount due. This authorization will remain in effect until Preventive Pest Control has received written notification from the authorized parties and has a reasonable opportunity to act on it.

I also understand that I am responsible for ensuring that the necessary funds are available at the time the withdrawal occurs. I will continue to be responsible for payment should anything prohibit regular payment in this manner.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

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### One-time Charge

One-time Amount: \_\_\_\_\_

I authorize Preventive Pest Control to withdraw the above amount from my checking or savings account or to charge my credit card for pest control services provided. I also understand that I am responsible for ensuring that the necessary funds are available at the time the withdrawal occurs.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date