



ADAM'S
PEST CONTROL, INC.
PROTECTING HEALTH AND PROPERTY

Recurring ACH / EFT / Autopay Payment Authorization Form

Please sign and complete this form to authorize Adam's Pest Control, Inc. to establish an ongoing debit to your checking, savings or credit card/debit account for services rendered.

By signing this form you give us permission to debit your account for the amount indicated each billing period. A receipt for each payment will be emailed to you as long as an email address is provided, and the charge will appear on your bank or card statement.

Please complete the information below for Adam's Account number: _____
(Required)

I _____ authorize Adam's Pest Control, Inc. to charge my bank account or
(full name) debit/credit card for transfers from the designated financial institution and account identified below by ACH or autopay.

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

For ACH or EFT

Account Type: ☐ Checking ☐ Savings

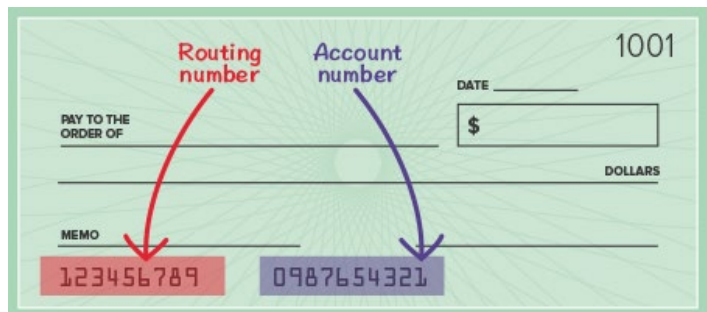
Name on Acct _____

Bank Name _____

Bank Account # _____

Bank Routing # _____

Bank City/State _____



For debit or credit card

Name on card _____ Billing Zip Code _____

CC# _____ Expiration Date _____

**You may return this form to us via fax at 763-478-6715
or mail it to: Adam's Pest Control P.O. Box 233, Medina, MN 55340.**

SIGNATURE _____ DATE _____

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment being rejected for Non Sufficient Funds (NSF) I understand that Adam's Pest Control, Inc. may at its discretion attempt to process the charge again within 30 days, and I agree that I may be subject to an additional charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I understand that I must notify Adam's in writing immediately of any changes in status or banking information. I will not dispute Adam's Pest Control, Inc.'s billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.

Updated: 07.2023