



**EFT Authorization Form**

Customer Name: \_\_\_\_\_ Customer Account #: \_\_\_\_\_

**Terms:**

**BY SIGNING BELOW, CUSTOMER AUTHORIZES PALMETTO FIRE SERVICES, LLC, TO PROCESS AUTOMATED PAYMENTS FOR CUSTOMER'S SERVICES IN THE AMOUNT NECESSARY TO BRING CUSTOMERS ACCOUNT TO A ZERO BALANCE. THE CUSTOMER ALSO AGREES THAT PALMETTO FIRE SERVICES, LLC MUST BE IMMEDIATELY INFORMED IF ANY CHANGES OCCUR TO THE INFORMATION AS SET FORTH HEREIN. THE CUSTOMER UNDERSTANDS IT'S THEIR RESPONSIBILITY TO ENSURE THAT SUFFICIENT FUNDS ARE AVAILABLE IN THE ACCOUNT ON THE SCHEDULED DATE OF WITHDRAWAL. CUSTOMER AGREES TO PAY AN ADDITIONAL \$35 FEE SHOULD AN AUTOMATED TRANSACTION BE DENIED DUE TO INSUFFICIENT FUNDS, INSUFFICIENT CREDIT, INCORRECT ACCOUNT INFORMATION, OR ANY OTHER REASON.**

**AUTOMATIC CREDIT CARD OPTION:**

CIRCLE ONE:            VISA            MASTERCARD            DISCOVER

NAME ON CARD: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_

SECURITY CODE ON BACK: \_\_\_\_\_

**TRANSACTION DATE: THE 1<sup>ST</sup> OF THE MONTH & EVERY OCCURRING MONTH MOVING FORWARD WHILE SERVICES ARE BEING RENDERED.**

**CARD BILLING ADDRESS:**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

(REQUIRED FOR SENDING RECIEPTS AND ACCOUNT NOTIFICATIONS)

**BY MY SIGNATURE BELOW, I AGREE TO THE TERMS AND AUTHORIZE PALMETTO FIRE SERVICES, LLC TO CHARGE THE ABOVE REFERENCED CREDIT CARD.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

