

Jeff's Pool & Spa

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(702) 277-4593

MONTHLY Credit Card Payment Authorization Form

Sign and complete this form to authorize Jeff's Pool & Spa to make monthly debits to your credit card listed below.

By signing this form you give permission to debit your account for the amount of your monthly pool service. This is permission for monthly transactions only and does not provide authorization for any additional unrelated debits or credits to your account without prior consent from the cardholder.

Please complete the information below:

I _____ authorize Jeff's Pool & Spa to charge my credit card account indicated below for my monthly pool service amount. This payment is for pool service and/or misc. charges stated on my monthly invoice.

Billing Address _____
City, State, Zip _____

Phone _____
Email _____

(Please indicate the day of the month the payment will be charged)

Debit Date: 1st 5th 10th 15th 20th

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.