

RECURREN CREDIT CARD PAYMENT AUTHORIZATION

I, _____, give permission to PRECISION POOLS to charge
Customer Name

my card for a recurring monthly payment, the annual cyanuric acid treatment in the spring (\$30) and any additional future charges that I authorize. My card details will be stored in my profile and will only be used for approved purchases.

Amount authorized
All fields required

Customer Email Address

Pool Service

Card information

Card type

- MasterCard
 Discover
 VISA
 AMEX

Other _____

Cardholder (Name on card)

Card number

Expiration date
(MM/YYYY)

ZIP code
(From credit card billing address)

Recurring payment information

Charge every:
Month

Charge on this date _____
(For example, the 1st of every month)

Payment amount

Pool Service Level

To cancel, contact: sacramentoprecisionpools@outlook.com

Customer Signature

Date