DRIPPING SPRINGS WSC
101 Hays Street | Suite 406
Dripping Springs, TX 78620
(512) 858-7897

AUTHORIZATION FOR RECURRING DIRECT PAYMENT | ACH DEBITS

CUSTOMER INFORMATION

NAME

ADDRESS

CITY | STATE | ZIP CODE

PHONE NUMBER | EMAIL ADDRESS

In consideration of the goods, products and/or services provided to me by **DRIPPING SPRINGS WSC**, as listed above, I hereby authorize **DRIPPING SPRINGS WSC** to debit entry into my **CHECKING ACCOUNT** as indicated below at the depository financial institution named below, herein after called **DEPOSITORY**, and to debit the same to such account for the amount listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

CHECKING ACCOUNTS ONLY

DEPOSITORY BANK NAME

BRANCH LOCATION | BRANCH CITY, STATE, ZIP

ENTER CHECKING ACCOUNT NUMBER | ENTER 9-DIGIT ROUTING NUMBER

$ _____ ☐ VARIABLE

AMOUNT (IF AMOUNT CHANGES CHECK VARIABLE) | EFFECTIVE DATE | DAY EACH MONTH FOR RECURRING CHARGES

This authorization is to remain in full force and affect this transaction only, or until such time that my indebtedness to **DRIPPINGS SPRINGS WSC** for the listed amount is fully satisfied. The specific debit to my account authorized herein may only post on or after the **EFFECTIVE DATE** listed above, and in no event may the debit transaction post to my account prior to said date.

I may only revoke this authorization by contacting **DRIPPINGS SPRINGS WSC** directly at the address and phone number listed above, and only in the case that I return the good, product and/or service provided to me by DRIPPING SPRINGS WSC pursuant to their particular return policy in effect the date this authorization is granted.

PRINTED NAME | DATE

SIGNATURE