

I _____ authorize A2 Green Clean, LLC to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below.

I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Terms of Billing

_____ Starting on [Month/Day/Year] (_____/_____/_____) and on the [Day of Month] [_____] of each month following through [Month/Day/Year] (_____/_____/_____) for the amount of [Amount] _____.

_____ Starting on [Month/Day/Year] and on the [Day of Month] of each month following through [Month/Day/Year] for the amount owed to merchant as detailed in Invoice #/ #'s [Invoice #/ #'s].

_____ Starting on [Month/Day/Year] and subsequently debited at any time for the amount owed to merchant as detailed in Invoice #/ #'s [Invoice #/ #'s].

Bank Information

Bank ABA Number [Client Routing Number] _____

Bank Account Number [Client Account Number] _____ if you prefer Please Feel Free to Call in between 7:30am-4pm to speak with Debbie, who can securely key this in.

Bank Account Type: CIRCLE ONE [Checking/Savings/Business Checking]

This payment authorization is to remain in full force and effect until I, _____, notify A2 Green Clean, LLC of its cancellation by sending written notice in such time and in such manner to allow both A2 Green Clean, LLC and receiving financial institution a reasonable opportunity to act on it.

Client Signature _____

Client Print Name: _____

Date: _____

Mailed-in check

IMPORTANT: You must void any paper check that you use for a keyed-in transaction. If you wish, you can instruct your customer to mark the check "VOID" before sending it to you to increase their comfort level.

I authorize A2 Green Clean, LLC to initiate either an electronic debit or to create and process a demand draft against my bank account whenever I send a check for payment of goods or services. The amount of the debit and bank account information will be used directly from the check. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

This payment authorization is to remain in full force and effect until I, _____, notify A2 Green Clean, LLC of its cancellation by sending written notice in such time and in such manner to allow both A2 Green Clean, LLC and receiving financial institution a reasonable opportunity to act on it.

Bank Information

Bank ABA Number [Client Routing Number] _____, if you prefer Please Feel Free to Call in between 7:30am-4pm to speak with Debbie, who can securely key this in.

Bank Account Number [Client Account Number] _____ if you prefer Please Feel Free to Call in between 7:30am-4pm to speak with Debbie, who can securely key this in.

Bank Account Type: CIRCLE ONE [Checking/Savings/Business Checking]

[Client Signature] _____

[Client Printed Name] _____

Date: _____