

Payment Options for Recurring Monthly Charges for
Doggie Fun & Fitness Services

Name _____

Address _____

City _____ State _____ Zip _____

Dog (s) Name _____

Please choose from the following payment options:

EFT –automated monthly debit from bank account

Credit Card- Monthly charge to your credit card

Cash or Check- *you may pay by cash or check, but we need to have something on file if payment is not received **by the 15th.***

******cash discount of 5%**

AUTHORIZATION FOR RECURRING DIRECT PAYMENTS (EFT)

Professional Pet Services

47 Marion Dr

Kingston, MA 02364

781-293-6222

enette@professionalspetservices.com

RE: ACH Authorization for Recurring Charges In consideration of the goods, products and/or services provided to me by MERCHANT, as listed above, I hereby authorize MERCHANT to initiate a debit entry to my account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account for the amount and frequency listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Bank Name: _____

Routing Number: _____

Account Number: _____

[] Checking [] Savings

or

If you prefer to pay by **credit card**, your credit card will be billed.

Mastercard/Visa_____

Expiration Date_____ Security Code_____

*****If you wish to come in and swipe your card monthly, there is no processing fee. However we pay a higher rate to type in your card*****

Credit Card Fee Schedule		
<i>*Fees assessed on a per transaction basis*</i>		
Purchase Price		
From	To	Fee Amount
\$1	\$99	\$2.50
\$100+		\$5

If you would rather pay by check or cash, please do so or your above credit card or bank account will be processed.

PLEASE READ 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. This authorization is to remain in full force and effect until MERCHANT has received written notification from me of termination one full month prior to the next billing cycle. I may only revoke this authorization by contacting MERCHANT directly at the address and phone number listed above. Upon cancellation services will terminate immediately. There will be a \$30 fee for all NSF returns.

I understand for day care services, I will be charged the day's visit if email not sent by 5pm the previous evening.

Amount varies at the end of the month, according to invoice

Frequency: ***Monthly on the 15th***

Effective Date: ____/____/____

Name: _____ (Please Print)

Signature: _____ Date: _____

Please fill out & email back to lauriewagner918@gmail.com (***along with a voided check if opting for EFT.***)

Or print & mail/drop off to : Professional Pet Services
47 Marion Dr.
Kingston, MA 02364

