

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 last day of the month***  
**\*\*\*\*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](mailto: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 –last day of the month***

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ (Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out & email back to [lauriewagner918@gmail.com](mailto: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