

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)**

Customer Name _____

Metro Pool Chemical Acct. # _____

I (we) hereby authorize Metro Pool Chemical, Inc. hereinafter called COMPANY, to initiate entries to my (our) Checking Account _____ or Savings Account _____ (please select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. Law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Account No. _____ Routing # _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me(or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Printed Name(s) _____

Signature(s) _____

Address _____

Date _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BE NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

*If you have any questions, please feel free to contact our office at anytime.
Please return this form as soon as possible in order to process your account prior to statements being sent out.
You may return this form to the address below, fax or email.*

Metro Pool Chemical 817-232-8400
451 Sansom Blvd. 817-232-8459 fax
Saginaw, TX 76179 melissa@metro-pool.com

*****THIS IS AN OPTIONAL FORM OF PAYMENT*****