

PAYMENT AUTHORIZATION FORM

Please choose the type of payment you would like to use and complete the appropriate authorization. This payment authorization is to remain in full force and effect until YOU, member, notify Swimming Pool Pro Alliance Inc. of its cancellation by sending a written 30-day notice to allow both Swimming Pool Pro Alliance Inc. and the receiving financial institution a reasonable opportunity to act on it. All late payments are subject to a \$10.00 late fee. To avoid late fees or membership and insurance cancellation, please be sure to pay on time and notify us immediately if your payment form needs to be updated.

A 3% convenience fee will be added to all credit card transactions. There are no fees associated with ACH payments.

PLEASE EMAIL THIS FORM TO **OFFICE@THESPPA.COM** OR
FAX TO **(877) 797-0981**

Primary Member (Employer) Information:

Primary Member First & Last Name: _____

Primary Member Company Name: _____

Primary Member Address: _____

City, State, Zip Code: _____

Phone (____) _____ Email: _____

My signature AUTHORIZES Swimming Pool Pro Alliance, Inc. to deduct my membership sign-up dues on my chosen effective date and/or monthly dues on the 15th of every month with the provided payment form listed below. My signature AUTHORIZES Swimming Pool Pro Alliance, Inc. to initiate either an electronic debit or to create and process a demand draft against my bank account on the 15th of every month for my membership monthly dues. If the 15th falls on a weekend or holiday, transactions will be made on the following business day. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Print Full Name of Officer, Principal, or Owner: _____**Signature:** _____ **Date:** _____**Credit Card Information**

A 3% convenience fee will be added to all credit card transactions.

Account Type: Visa ☐ Mastercard ☐ Amex ☐

Credit Card #: _____

Expiration Date: _____ CVV Code: _____

Billing Address (If different from above:) _____

Bank Information

There are no fees associated with ACH payments.

Routing Number: _____ Account Number: _____

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9 Digit Routing Number

Account Number

Check Number

**NOTE: There will be a \$25 fee for all
returned ACH payments.**