



# Automatic Payment Form

For your convenience, Pest-X offers an AUTOMATIC PAYMENT PROGRAM. This program allows you to make timely recurring payments for your pest control service without the inconvenience of sending out or calling in your payment. Your payment will be charged to your credit card immediately following your service date. Your participation in this program does not entitle Pest-X to charge or withdraw payments for one time services such as our black light scorpion service.

To participate, complete and sign this form and mail or fax it to our office, or give to your technician at your next scheduled service. Your automatic payment will begin with your next payment due.

Customer First and Last Name (Please Print) \_\_\_\_\_

Address of Pest Control Service \_\_\_\_\_  
\_\_\_\_\_

<p><b>Account Information:</b> Credit Card Type - <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express</p> <p>Credit Card Number _____ - _____ - _____</p> <p>Expiration Date (mo/yr) ____ / ____ . CVV# _____ (3 last digits on back of your card).</p> <p>Name as it appears on Card _____</p> <p>Address for Credit Card _____ _____</p> <p>Telephone Number: (     ) _____ - _____</p>
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### Customer Authorization

*"I hereby authorize Pest-X, or its designated servicing agent, to initiate debit entries to my account for the amount of the recurring pest control service payment to the credit account listed above. I acknowledge this authority will remain in effect until I cancel it by written notice to Pest-X or until I receive written notification of termination from Pest-X or its servicing agent."*

*"I understand if a debit is returned due to insufficient funds in my account, or if I close my account without adequate notice to Pest-X or its servicing agent, I may be charged a returned item fee in the amount of \$15.00, or a lesser amount if required by state law. I understand lack of adequate funds in my account to cover the payment may result in cancellation of this automatic payment service."*

Customer Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

Account Holder signature (if different from customer) \_\_\_\_\_

Account Holder Name (Please Print) \_\_\_\_\_

**COMPLETE AND MAIL TO:**  
Pest-X  
761 N. Monterrey  
Gilbert, AZ 85233

**OR FAX TO: 480.924.6437**