

DIRECT DEBIT AUTHORIZATION FORM

Check One: Initial Debit Modification

Name: _____ SS#: _____ - _____ - _____

Address: _____ City: _____ State _____ Zip: _____

Contact Person: _____ Phone #: _____

E-mail Address: _____ Fax #: _____

Financial Institution Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Exact Depositor Account Title: _____

Depositor Account Number: _____ Check One: Checking Savings

9 Digit Routing Number: _____

Frequency

Check One: Weekly Bi-Weekly Monthly Other

Instructions

I hereby authorize Lazy Weekends Landscaping and Yard Care (hereafter "Company") to electronically debit any payments and correct any errors for the financial institution specified above. This authorization is to remain in full force and effect until the Company has received written notification from me of its termination in such time and manner as to afford the Company and the bank named above a reasonable opportunity to act upon it.

I have read, understand and agree to the above statement.

Signature: _____ Date: _____

*****Please attach a voided check (deposit slips will not be accepted)*****

OFFICE USE ONLY

Please complete and return this form to:

Lazy Weekends Landscaping and Yard Care
124 Marine Drive, #303
Edenton, NC 27932

Entered _____

Initials Date

Verified _____

Initials Date