



Pool Warehouse Authorization Form for ACH Debit

Account Holder Information:

Customer Name: _____

Customer Address: _____

City: _____ State: _____ Zip: _____

Customer Telephone Number: _____ () _____

Financial Institution Information:

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Bank Phone Number: () _____

Bank Routing Number: _____
(first row of 9 digits in the bottom left corner of your check)

Account Number: _____
(next row of numbers on the bottom left of your check)

Type of Account (Please select only one): Checking or Savings

Pool Warehouse Purchase Order Number: _____

Debit Amount: \$ _____

I (we) hereby authorize Pool Warehouse, LLC, hereinafter called the Originating Company, to initiate a one time debit entry to our checking account indicated below at the depository financial institution named below.

Account Holder Signature: _____

Date: _____

This authorization is to remain in full force and effect until Originating Company has received written notification from Account Holder of its termination in such time and in such manner as to afford Originating Company a reasonable opportunity to act on it.

We ask that you provide the information requested on this form. However, you must provide all of the requested information in order to initiate the electronic debit entry to your checking or savings account.

Please fill out and Fax back to Pool Warehouse Fax: 800-515-1747