



555 Saturn Blvd #407
San Diego CA 92154
(619) 761-1107
www.mydspools.com
Lic#1011242

Auto Payment Authorization Form

Account Type: Checking | Savings | Business

Account Number: _____

Routing Number : _____

NAME: _____

Phone Number: _____

[X] My Signature below AUTHORIZES MY DS POOLS TO DEDUCT MY MONTHLY POOL OR SPA DUES USING THE ACCOUNT NUMBER ABOVE. Auto pay payments will be deducted on the 15th of each month in the amount of \$ _____ (monthly dues)

Please note: Any extra fees such as treatments, filter cleans, spa drains and cleaning will automatically be added to auto pay.

PLEASE MARK FOR PAPERLESS STATEMENT []

E-MAIL: _____

AUTHORIZING SIGNATURE: _____ **EFFECTIVE DATE:** _____

The above information is correct and accurate to the best of my knowledge.