



Two Ladies Cleaning, LC

(314)221-3472

ACH Authorization Form

Customer Information

Name: _____

Billing Address: _____

City, State, Zip: _____

Account Information

Bank Name: _____

Account Type: ☐ Checking ☐ Savings

Routing Number: _____

Account Number: _____

I authorize Two Ladies Cleaning, LC to initiate recurring ACH debit entries to the bank account listed above for all charges per my signed cleaning services contract. I understand a 1% convenience fee will be charged.

By signing below, I authorize Two Ladies Cleaning, LC to debit my account as specified above on a recurring basis. I understand that this authorization will remain in effect until I notify Two Ladies Cleaning, LC in writing to cancel it, at least 7 days in advance of the next payment date. I agree to notify Two Ladies Cleaning, LC of any changes to my account information at least 1 day prior to the next scheduled payment. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank so long as the transactions correspond to the terms indicated in this agreement.

Client Signature and date

I agree to the contents of the above documents with my electronic signature.

I agree that this signature is legally binding.

Account information is keyed electronically.