



Scott A. Wilson

Heating & A/C Contractor, LLC

Letter of authorization for ACH Debit Origination

Name: _____ SOS# _____

Name: _____ SOS# _____

Address: _____

Phone Number: _____

Bank Name: _____

Bank Address: _____

Account to be Debited? Checking or Savings (circle one)

Account Number: _____

ABA Routing Number: _____

(Please attach voided check and return it with this form.)

Circle Comfort Club Service Plan Desired.

Bronze Plan \$16.00 * Silver Plan \$24.00 *** Gold Plan \$36.00**

Any additional Systems at same address added at 50% of plan rate.

Additional accessory coverage at \$40.00 each.

* Humidifiers * Electronic Air Cleaners * Programmable Thermostats

** UV Lights (single bulb) \$110.00 **

Payment/Debit Amount: \$ _____

Frequency Of Payment : **Monthly**

Effective Date: The 2nd Tuesday of the following month.

I(we) hereby authorize Scott A. Wilson Heating and A/C Contractor, LLC to initiate debit entries from my (our) checking or savings account and electronically debit my (our) bank indicated above. This authority is to remain in full force and effect until Scott A. Wilson Heating and A/C Contractor, LLC has received written notification of termination by the undersigned. Termination must be received in such time and in such manner as to afford Scott A. Wilson Heating and A/C Contractor, LLC reasonable opportunity to act on it. Scott A. Wilson Heating and A/C Contractor, LLC reserves the right to cancel this agreement if deemed necessary.

Signature (s): _____

Name _____ Date _____ Name _____ Date _____

225 E. Main * Niles, Mi 49120 * 269-683-3550 or 574-256-9277

WWW.WILSONHEAT.COM