



Bella Blue Water
Pool Services and Repairs

BANK ACCOUNT AUTHORIZATION FORM
PHONE/EMAIL ORDER

I authorize Bella Blue Water to charge my bank account

Customer Name: _____

Routing Number: _____

Account Number: _____

Checking _____ Savings _____

Billing address: _____

Signature: _____ Date: _____

Transaction amount: _____

This authorization is valid only through the expiration date listed for the credit card.
A new form must be complete upon expiration given.

PLEASE PRINT NAME AND SIGN IF YOU
WOULD LIKE THIS FORM TO BE HELD ON
FILE FOR RECURRING PAYMENTS

PRINT NAME

SIGNATURE

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