



eCheck Debit Authorization Form

As an authorized signor on the Depository Account presented, by completing and signing this form you give Davita Chemicals, LLC permission to charge/debit your account, for the amount indicated on the receipt on or after the indicated date. This authorization is to remain in full force and effect until Davita Chemicals, LLC has received written notification from _____ of its termination. **

Please complete the information below:

I _____ as an authorized signor _____ to charge/debit my
(Full name)

account as indicated on the receipt This payment is

for: PureVita Disinfectant.
(Description of goods/services/on account)

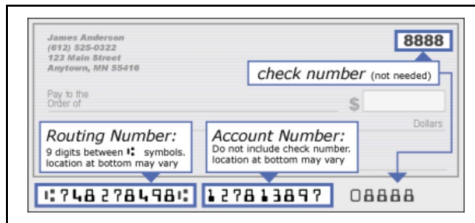
Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Depository Bank _____ Checking

Routing Number _____ Savings

Account Number _____



I acknowledge that a minimum Non-Sufficient Funds (NSF) fee of \$25 may be charged by Davita Chemicals, LLC to me in the event there are insufficient funds available at the time the eCheck payment is submitted. I authorize Davita Chemicals, LLC to charge/debit the account indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services/account/invoice described above, for the amount indicated above only. I certify that I am an authorized signor on this Depository Account.

SIGNATURE _____ DATE _____

Complete via DocuSign or Scan & Email to: Sales@davitachemicals.com

I, _____ hereby **Revoke my Authorization for the charge/debit to the account. I understand that my right to place a stop payment exists only as long as I request and deliver this written stop payment notice at least thirty days prior to the scheduled settlement date.