



EFT Authorization Form

Return completed form to either:

Fax: (972) 286-1594 or by mail to

P.O. Box 360818 Dallas, TX 75336

**Customer
Name:**

**Customer
Number:**

**Email
Address:**

Bank Name:

Transit/ABA Number:

Account Number:

I hereby authorize Sparkle Holdings, Inc. to initiate debit entries from
the above account for the payment of monthly pool chemical service.

Printed Name _____

Authorized Signature _____ Date _____

Attach a voided CHECK from the above account.