

# Healthy Pools

## Automatic Payment Form

Client Name: \_\_\_\_\_

I authorize Healthy Pools to automatically deduct payment from below Credit Card information for services rendered.

Card Holder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Expiration Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

Card Type:  Visa  MasterCard  Discover  American Express

Billing Zip Code: \_\_\_\_-\_\_\_\_-\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Invoice will be provided.

If you have any questions please contact me. Thank you for filling out the information. We are striving to better serve your needs.

Healthy Pools  
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