

# PAYMENT AUTHORIZATION FORM

To authorize payment(s) for your Solar Account, please fill out the below form and submit it via fax at 832-509-2013 or email [Billing@EnergyServiceExperts.com](mailto:Billing@EnergyServiceExperts.com). Once processed, a confirmation email will be sent to the email address you provide below.

As our customer, you have the option to pay your monthly bill with automatic electronic payments (or "ACH") or by check, credit or debit card each month. If you choose the automatic electronic payment option, we will waive any Payment Processing Fees assessed under the terms of your Solar Power Agreement. If you do not elect the automatic electronic payment option, you will be charged the contractual monthly Payment Processing Fee should your Solar Agreement include such a fee.

## HOMEOWNER INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  

Last
First
M.I.

Property Address: \_\_\_\_\_  

Street Address

\_\_\_\_\_  

City
State
ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## PAYMENT ELECTION (Please Select One)

ONE TIME PAYMENT

AMOUNT \$ \_\_\_\_\_  
 DATE: \_\_\_\_\_

By electing **One Time Authorization** option, you authorize Energy Service Experts to process a one-time payment on the date and for the amount indicated.

RECURRING MONTHLY PAYMENT AUTHORIZATION

By electing **Recurring Monthly Charge Authorization** option, you authorize Energy Service Experts to process regularly scheduled charges to your checking/savings account or your credit/debit card. You will be charged the balance due every month on your solar service invoice. Your monthly recurring charges will begin the first due date after the signature of this document. You must notify us immediately if the automatic payment information you provide changes. If we incur bank fees as a result of inaccurate or out of date information provided by you, we shall bill you for those fees. We reserve the right to change these conditions at any time. Notice may be given on or with your monthly bill or by other methods. Either party may terminate this arrangement at any time by giving the other party written notice at least 15 calendar days prior to the next scheduled. You agree to be bound by any rules your financial institution to include any fees your financial institution may charge.

Billing Zip Code	
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## BILLING INFORMATION

### Bank Details

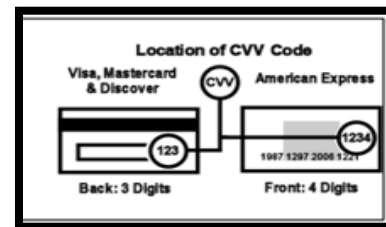
Checking    Savings

Routing Number:	
Account Number:	



Mastercard    Visa    Discover    Amex

Card Number:	
Expiration Date:	
CVV Code	



  X    
 First Authorized Account Holder Signature

  X    
 Second Authorized Account Holder Signature (If applicable)

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Print Name (If applicable)