

**MAST FAMILY CULLIGAN**  
16101 OLD US 41  
FORT MYERS, FL 33912  
FORT MYERS (239) 482-2213 NAPLES (239) 455-3174  
FAX: (239) 482-3187

MONTHLY AUTOPAY OPTIONS

NAME: \_\_\_\_\_ ACCT# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

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OPTION 1: ACH - AUTOMATIC CHECK DRAFT

NAME OF BANK: \_\_\_\_\_

NAME ON ACCOUNT: \_\_\_\_\_

BANK ROUTING # (9 DIGITS): \_\_\_\_\_

BANK ACCOUNT # \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE ATTACH A VOIDED CHECK TO THIS FORM FOR ACH DRAFT

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OPTION 2: AUTOMATED CREDIT CARD DRAFT

CREDIT CARD TYPE: \_\_\_\_\_ ACCT# \_\_\_\_\_

NAME ON CREDIT CARD: \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ 3 DIGIT CODE \_\_\_\_\_

WE MUST HAVE THE EXACT ADDRESS THAT THE CREDIT COMPANY USES TO BILL YOU

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_