

Update Your Payment Information

Please print out the form, complete it, and then mail it to the following address:

Pebblehaven Company, Inc.

689 Main Street

Suite 106

Walpole, MA 02081

I authorize Pebblehaven Company, Inc. (PBH) to initiate either an electronic debit or to create and process a demand draft against my bank account starting on date found below and according to the terms outlined below. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Terms of Billing

1) Each month process the amount of _____ .

2) On a case by case basis and only upon a separate request from me, process other amount(s) due.

Bank Information

Bank ABA Number: _____

Bank Account Number: _____

Bank Account Type: _____

This payment authorization is to remain in full force and effect until I, _____, notify PBH of its cancellation by sending written notice to billing@pebblehaven.com in such time and in such manner to allow both PBH and receiving financial institution a reasonable opportunity to act on it.

Customer Signature

Customer Printed Name

Date Signed