

PERILLO BROS.

"Personalized service since 1922"

August 17,

2016

Name:

Account #: 20-

We would like to take this opportunity to thank you for participating in our Recurring Payment Program. In order to start deductions, we will need this authorization form completed, signed and returned.

Please choose only 1 form of payment: Debit (pulse, NYCE or STAR logo), Credit Card or Checking Account. The method of payment you choose will be processed monthly. Please place a CHECK MARK on the day you would like to be charged (___5th, ___15th or ___23rd) for the total amount due including any past due balance. If all fields are not filled out, we will not be able to process this authorization for recurring payments.

Please CIRCLE 1: Debit or Credit Card

Card Number _____ Expiration Date _____

Name on the Debit or Credit Card _____

Phone Number (required) _____

Email Address (required) _____

Signature (required) _____

OR

Checking Account:

Routing Number _____

Checking Account Number _____

Name on the Checking Account _____

Phone Number (required) _____

Email Address (required) _____

Signature (required) _____

Please return to:

Perillo Bros
Attn: Accounting Department
1000 Woodbury Road Suite 110
Woodbury, New York 11797
Fax: (516) 495-1177