

Payment Authorization

Please fill out the form below and mail this form to: **Bell Mechanical LLC, 200 US-6, Mahopac, New York 10541**

First name _____ Last name _____

Email _____ Phone number _____

Address _____

City _____ State _____ Zip _____

I authorize Bell Mechanical LLC to charge for the agreed upon membership. Annual renewal will be charged to original payment method unless notice of cancellation is provided 30 days prior to membership renewal.

Signature _____ Date _____

Please Choose a Payment Method: Credit Card / Bank Payment / Personal Check

Mastercard, Visa or Discover

Card Type: MasterCard ☐ VISA ☐ Discover ☐

Cardholder First Name: _____

Cardholder Last Name: _____

Cardholder Number:

Expiration:

/

Security Code:

Billing Zip:

American Express

Card Type: American Express ☐

Cardholder First Name: _____

Cardholder Last Name: _____

Cardholder Number:

Expiration:

/

Security Code:

Billing Zip:

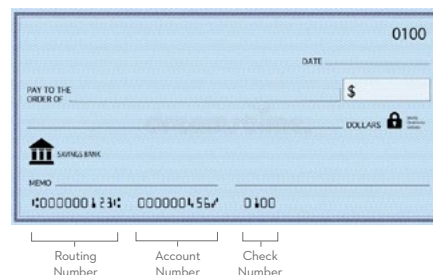
Bank Payment - Bank Account Information

Name on Payment Account: _____

Bank Name: _____

Account Type: Checking ☐ Savings ☐ Business ☐ Checking ☐

You can retrieve your routing and account number from your bank.
If you are using a checking account, you can find the information at the bottom of the check.



Routing number: _____

Bank Account Number: _____

I authorize Bell Mechanical LLC to debit my bank account for the agreed upon membership.

Personal Check

If you are paying by personal check, please postmark in an envelope to the following address: **Bell Mechanical LLC, 200 US-6, Mahopac, New York 10541**

By mailing in a personal check, you authorize **Bell Mechanical LLC** to debit payments from your personal account once per year for the agreed upon membership.

Address

Bell Mechanical LLC
200 US-6
Mahopac, New York 10541

Call

Call (845) 600-8004

Email

service@bellmech.com

Website

www.bellmech.com