PAYMENT AUTHORIZATION FORM

spruce

To authorize payment(s) for your solar account, please fill out the below form and submit it via fax at 832-271-6876 or email support@sprucepower.com. Once processed, a confirmation email will be sent to the email address you provide below. Contact us at 888-636-0336 during normal business hours (M-T 9a-8p CT; Fri 9a-6p CT) with any questions concerning your transaction.
Please keep a copy of your completed and signed Payment Authorization Form for your records.

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 agreement. If you do not elect the automatic electronic payment option, you will be charged a $4.75 monthly non- ACH payment processing fee unless a different contractual monthly payment processing fee is specified in your solar agreement.

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 Spruce Power 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 Spruce Power 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 If we incur bank fees as a result of inaccurate or out of date information provided by you, we shall bill you for those fees.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 payment. You will be charged a monthly $4.75 non-ACH processing fee if you opt out of the recurring ACH payments. You agree to be bound by any rules your financial institution to include any fees your financial institution may charge.

Billing Zip Code	

BILLING INFORMATION

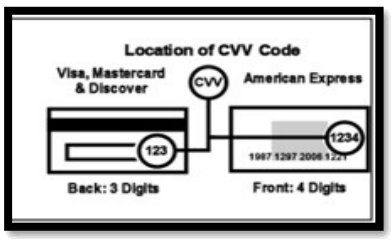
Bank Details

☐ Checking ☐ Savings

Bank Name:	
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)