

Crystal Systems Texas, Inc.  
Post Office Box 1084  
Tyler, TX. 75710-1084  
903-881-8000 Office

AUTHORIZATION FOR MONTHLY DIRECT PAYMENT (ACH DEBITS)

I hereby authorize Crystal Systems Texas, Inc., to initiate a debit entry to my checking or savings account indicated below at the Depository Financial Institution named below, hereinafter called DEPOSITORY, and I authorize the DEPOSITORY to debit the same to such account for the total amount due of my Monthly Water Bill/ Statement. This authorization is to remain in full force and effect until such time that I cancel my Water Service with Crystal Systems Texas, Inc. I may only revoke this authorization by contacting Crystal Systems Texas, Inc., in writing at the address above. Cancellation will be effective within fifteen business days of the receipt of notification. Crystal may terminate the automatic withdrawal if the DEPOSITORY does not honor the withdrawal for any reason.

Please send this completed form and a **VOIDED CHECK** with your next payment or mail to us at the address shown above. **We Will Only Process Original Documents.**

Crystal Systems Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Name On Bank Account: \_\_\_\_\_

Depository Bank Name: \_\_\_\_\_

Branch (City, State, Zip): \_\_\_\_\_

Type of Account                      Checking                      Savings

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**EXAMPLE**



.Name: \_\_\_\_\_ (Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_