



P.O. Box 1084
Tyler, TX. 75710-1084
903-592-8509 or 903-881-8000
www.crystalsystemstx.com

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: _____

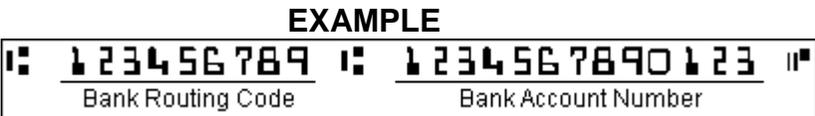
Name On Bank Account: _____

Depository Bank Name: _____

Branch (City, State, Zip): _____

Type of Account [] Checking [] Savings

Routing Number: _____ Account Number: _____



Name: _____ (Please Print)

Signature: _____ Date: ____/____/____