Authorization Agreement for Automatic Payment

I hereby authorize Total Water Treatment Systems, Inc. to initiate debit or credit entries to the account listed below. I understand a notice will still be sent out stating the amount due and that my bank account or credit/debit card will be debited for that amount. **These amounts will be processed on the 15th of each month unless the 15th lands on a Saturday or Sunday. In such a case the transaction will take place on the Monday directly after. Commercial accounts will be processed on our month-end closing date.**

---Checking/Savings Account Authorization (Automatic Debit)

Preferred Method

Name on Account at Financial Institution	Financial Institution Routing Number*
Financial Institution Name	*The Financial Institution Routing Number is the nine-digit number found on the bottom left of the check.*
Type of Account ◯ Checking ◯ Savings	Financial Institution Account Number

Alternative Method

---Credit Card Authorization ◯Visa ◯MasterCard ◯American Express ◯Discover

Credit Card ◯
Debit Card ◯

Exp Date _____

This authority is to remain in full force until the above named Company receives a written notification from the Account Owner to terminate this Agreement within a reasonable amount of time for the parties involved to act upon the termination.

Account Owner

Printed Name	
Signature	
Date	

OFFICE USE ONLY

Total Water Treatment Systems, Inc Acceptance

TWTS Account Number

Email Address:

for our use only

Go paperless here! Do you want your invoice emailed to you? Yes ◯ No ◯

Green Option

Do you want to receive an invoice from us at all? Yes ◯ No ◯

Please attach a voided check to this authorization form.

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Sumbit form to Culligan