## **COLLECTING PAYMENTS AUTHORIZATION FORM**

Authorization Agreement For Preauthorized Payment(s) (Automated Bank Debit)

I authorize <u>The Hydro Source, Inc.</u> hereinafter called COMPANY, to initiate debit entries from our checking account from the financial institution listed below.

if any of the below information changes, I will promptly comple	ete a new authorization agreement.	
Company Name:		
Address:		
City:	State	Zip Code:
Business Phone:	Fax:	
Representative:	Title:	
Account Information –   Business Checking Account		
Financial Institution Name:		
City:		Zip:
I authorize The Hydro Source, Inc. to withdrawal:		
Reoccurring Flat Amount of \$	Or 🔲	
☐ Variable Amount		
☐ Monthly ☐ Week	cly Other	
ABA Bank Routing Number (must be 9 numbers)		
(Enter the above information from the bottom of your check, do not in In order to sign up you must attach a voided copy of your check. Deposit sliptons - Staple the company voided check here	,	mmend that the check is Voided.
Staple V  This authorization is to remain in full force and effect until the payment date in order to provide "Company" a reasonable opposition of the payment date in order to provide "Company" a reasonable opposition of the payment date in order to provide "Company" a reasonable opposition of the payment date in order to provide "Company" a reasonable opposition of the payment date in order to provide "Company" a reasonable opposition of the payment date in order to provide "Company" a reasonable opposition of the payment date in order to provide "Company" and the payment date in order to provide "Company" a reasonable opposition of the payment date in order to provide "Company" and the payment date in order to provide "Company" and the payment date in order to provide "Company" and the payment date in order to provide "Company" and the payment date in order to provide "Company" and the payment date in order to provide "Company" and the payment date in order to provide "Company" are also payment date in order to provide "Company" and the payment date in order to provide "Company" are also payment date in order to provide "Company" are also payment date in order to provide "Company" are also payment date in order to provide "Company" are also payment date in order to provide "Company" are also payment date in order to provide "Company" are also payment date in order to provide "Company" are also payment date in order to provide "Company" are also payment date in order to provide "Company" are also payment date in order to provide "Company" are also payment date in order to provide "Company" are also payment date in order to provide "Company" are also payment date in order to provide "Company" are also payment date in order to provide "Company" are also payment date in order to provide "Company" are also payment date in order to provide "Company" are also payment date in order to provide "Company" are also payment date in order to provide "Company" are also payment date in order to provide "Company" are also pay		
paymont date in order to provide Company a reasonable op	portainty to dot on it.	
X		
Signature of Authorized Check Signer	D	ate
Print First, Middle Initial and Last Name	T.	itle
The Hvdro Source. Inc. ■ 4411 Rowland A	Avenue El Monte. CA 91731-1	121 <b>6</b> 26-344-0391

The Company will retain this document on file.