

AUTOMATIC WITHDRAWAL AUTHORIZATION

H2O Clear Solutions

NAME: _____

CustID : _____

BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

BANK NAME _____ BANK CITY _____

PLEASE CHECK IF THIS IS A CHECKING OR SAVINGS

☐ Checking Account

☐ Savings Account

Signature: _____ Date: ____/____/____

Phone: (____)____-____

This authorization will remain in effect until H2O Clear Solutions receives a written termination notice from the customer and has a reasonable opportunity to act on it.

This account will be pulled off of ACH if the funds are returned due to insufficient funds. The customer will need to pay the bill by cash or money order for one year.

**PLEASE ATTACH A VOIDED CHECK VERIFYING THE
FINANCIAL INSTITUTION ROUTING NUMBER AND BANK
ACCOUNT NUMBER. YOUR ACCOUNT WILL NOT BE PUT ON
EFT WITHOUT THE PROPER DOCUMENTS INCLUDED.**

Mail this form and a voided check to:

Computer Help
20744 Robins Roost CT.
Sturgis, SD 57785
(605)347-5006