

Bank Draft Authorization

This form must be returned with a VOIDED CHECK

I hereby authorize my bank to pay my H2O SYSTEMS INC bills as submitted by H2O SYSTEMS INC. I agree that H2O SYSTEMS INC shall not be under any obligation to furnish me with any special notice in writing or otherwise of the preparation for payment of any such draft to my account. I further agree that the rights of H2O SYSTEMS INC in respect to each charge shall be the same as if issued and signed personally by me. This authorization shall remain in effect until revoked by me in writing, and until H2O SYSTEMS INC actually receives such notice. My signature below constitutes my acceptance of these terms and H2O SYSTEMS INC'S authority to charge my bank account as of the date below.

Name EXACTLY as shown on bank account

Name of Bank

Bank Transit Routing Number

Bank Account Number

H²O Systems, Inc Account Number

Service Address

Signature

Date

PLEASE BE ADVISED THAT THIS DRAFT **WILL NOT BE EFFECTIVE UNTIL THE MONTH FOLLOWING RECEIPT** BY H2O SYSTEMS, INC. PLEASE CONTACT OUR PAYMENT OFFICE AT (985) 626-5132 TO ARRANGE FOR PAYMENT IF YOU HAVE ANY CURRENT AND/OR PAST DUE CHARGES ON YOUR ACCOUNT

Fax: 985-626-5033

Email address: info@h2osystemsinc.com