



PURE WATER SYSTEMS
MATILIJ

RETURN TO:
P.O. Box 510
Santa Barbara, CA 93102
(805) 963-7873 - Office

Or email to:
Info@GetPureWater.com

Pre-Authorized Form

I hereby authorize CALMIN, Inc. doing business as "MATILIJ PURE WATER" to keep my signature on file and to debit my checking or credit card account as indicated below. I assign Calmin Inc to deduct charges from my bank account and understand that this form is valid until either party cancels with 30-day written notice.

_____ **Customer name**

_____ **Account Number**

_____ **Cardholder/Checking Name (Name on check or credit card)**

_____ **Billing Address (address your bank statement is mailed to)**

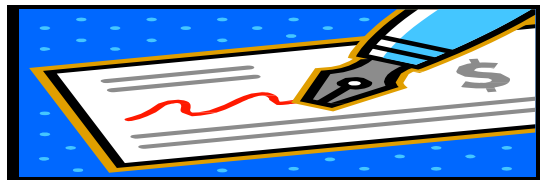
_____ **Authorized Account Signature**

_____ **Date**

_____ **Contact Name**

_____ **Phone**

CHECKING ACCOUNTS PLEASE ATTACH A VOIDED CHECK HERE



VOID

Checking Routing Number

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Checking account number

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Credit Card Account Number

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CVV

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Exp Date mm/yy

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