BANK OF ERATH

DIRECT DEPOSIT AUTHORIZATION — Variable Amount/Date

I (we) hereby authorize Magnolia Plantation Water Systems, Inc. hereinafter called "Company", to initiate debit entries to my (our) account and financial institution listed below.

(Financial Institution Name) _____ (Branch) _____

(Address) _____ (City/State) _____ (Zip) _____

(Routing & Transit Number) _____ (Account Number) _____

(Type of Account) (Checking/Draft) Savings/Share

(Amount/Range to Debit) $ _____ (Date to Debit) Due Date

(Recurrence) (Monthly) Bi-Monthly Weekly One Time Quarterly

I (we) understand that should the regularly scheduled debit amount vary above the set range, we will receive written notification of the new amount no later than ten (10) calendar days before the scheduled transfer date. If the scheduled date of the debit changes (other than for a weekend or holiday where the debit shall occur on the following banking date), I (we) will receive written notice no later than seven (7) calendar days before the new scheduled transfer date.

This authority shall remain in effect until "Company" has received written notification from me (us) of its termination in such a time and in such a manner as to afford "Company" a reasonable opportunity to act on it.

(Account Holder Signature) _____ (Date) _____

(Account Holder Printed Name) _____

(Please attach a voided check or financial institution account verification letter to this form.)

Direct Deposit

CUSTOMER NUMBER _____

CUSTOMER NAME _____

CUSTOMER PHONE NUMBER _____

CUSTOMER ADDRESS _____

_____