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En-Touch Systems, Inc.

11011 Richmond Avenue, Ste 400
Houston, TX 77042

En-Touch Customer,

En-Touch introduced the convenience of a single bill for your telephone, cable television, security monitoring, and long distance service. We also offer the added convenience of our Direct Payment Program.

Direct Payment Program (DPP) will eliminate the need to write a monthly check debiting your checking or savings account for the amount due **based on your current billing cycle (either the 15th of the month or the last day of the month)**. Should that day be a holiday or weekend, the charge will appear the next business day. Your bill will be mailed to you for review but will reflect your direct payment authorization and will show a zero balance due.

To sign up for DPP at no cost to you, complete and sign the form below. Send it with a VOIDED check to En-Touch Systems, Inc., 11011 Richmond Avenue, Ste 400, Houston, TX 77042, or mail them with your payment. The VOIDED check will all the information needed to set up your direct payment. If we receive your VOIDED check and completed form by the 20th, your service will go into effect on the next bill. Authorizations received after the 20th will be processed the following month.

Questions concerning our Direct Payment Program may be referred to our office at 281-225-1000 or 281-778-1000, Monday-Friday, 9am-5pm.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT/DEBIT

I (we) hereby authorize **EN-TOUCH SYSTEMS, INC**, hereinafter called **COMPANY** to initiate automated payment entries and initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) _____Checking Account _____Savings Account indicated below and the depository (bank) name below, hereinafter called **DEPOSITORY**, to credit and/or debit the same to such account.

Bank Name *City, State, Zip Code of Bank*

Account Number *Transit/ABA #*

This authority is to remain in full force and effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

Name(s) (Please Print) Customer Phone Number _____

Signed _____ Date _____ Signed _____ Date _____ .

I pay my bill: