

Address \_\_\_\_\_

**CONSUMER AUTHORIZATION FORMS**

Amount to Draft Monthly: \$ \_\_\_\_\_

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

CONSUMER NAME \_\_\_\_\_

I (we) hereby authorize \_\_\_\_\_, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) \_\_\_ Checking \_\_\_ Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This will be done on the **5<sup>th</sup> of the month or the following Monday if there is a holiday or the 5<sup>th</sup> falls on a weekend.**

DEPOSITORY

NAME \_\_\_\_\_

BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

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)

DATE \_\_\_\_\_

SIGNED \_\_\_\_\_

SIGNED \_\_\_\_\_

Please return to:  
Logan Howe-  
[Lhowe@crmco.com](mailto:Lhowe@crmco.com)  
C/o CRM Companies  
145 Rose Street  
Lexington, KY 40507

Griffin Gate

Please attached an original or copy of a canceled check.