

CONSUMER AUTHORIZATION FORMS

Please attach an original or copy of a voided check.

Amount to Draft Monthly: \$ _____

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

CONSUMER NAME _____

CONSUMER ADDRESS _____

I (we) hereby authorize _____ **CRM COMPANIES** _____, 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.

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)

SIGNED _____

START DATE _____

SIGNED _____

NEW ACCOUNT

DATE _____

UPDATE EXISTING ACCOUNT

Please return to:

Stephanie Hilson
shilson@crmco.com
c/o CRM Companies
145 Rose Street
Lexington, KY 40507

Boone's Trace POA