



CRESTWOOD VILLAGE CO-OP FOUR, INC.
15 E. MOCCASIN DRIVE
WHITING, NJ 08759
PHONE (732) 350-0230 - FAX (732) 350-6930

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize **Crestwood Village Co-op Four, Inc.**, to initiate debit entries to my (our) Checking Account / Savings Account (Select one) indicated below at the Bank and/or Financial Institution named below, and to debit the same to such account. I (we) acknowledge that the organization of ACH transaction to my (our) account must comply with the provisions of U.S. law. **Please attach Voided Blank Check.**

Bank Name: _____ Branch: _____

Bank Address:

Street: _____

City & State _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until Crestwood Village Co-op Four, Inc. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Crestwood Village Coop Four, Inc. and Bank a reasonable opportunity to act on it.

Name(s): _____ Co-op Acct #: _____
(Please Print)

Co-Op Unit Address: _____

Telephone #: _____ Monthly Payment Amt. _____

Date: _____ Signature(s): _____

Note: Debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.