



## CRESTWOOD VILLAGE CO-OP FOUR, INC.

15 E MOCCASIN DRIVE

WHITING, NEW JERSEY 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: \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Month to start Withdrawal \_\_\_\_\_

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 Co-op 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.**