



AUTHORIZATION FOR AUTOMATIC DEBIT

I authorized **Crystal Valley** to initiate debits from my checking account listed below. This authority will remain in effect until I notify you in writing to cancel it, allowing the financial institution sufficient time and a reasonable opportunity to act on it.

Name of Financial Institution to Debit

Name of Financial Institution: _____

Financial Institution Address: _____

Routing Number: _____

Account Number: _____

Authorized Signature (print): _____

Authorized Signature (sign): _____

Email Address: _____

Account Holder Name: _____

Account Holder Address: _____

Phone Number: _____

Staple Voided Check Here