

\$ 5.00 Fee  
Monthly

### AUTHORIZATION FORM FOR DIRECT DEPOSIT ACH CREDITS

I hereby authorize **CR Property Management Inc**, hereinafter called COMPANY, to initiate credit entries for Direct Deposit to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name:	Branch
Address:	Type of Account (check one below):
City/State:	Checking:
ZIP:	Savings:

Account Name:
Routing Number:
Account Number:

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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Individual Name:
Individual ID Number:
Signature:
Date:

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!