



**CROWN**  
CAPITAL SERVICES, INC

P O BOX 701288 SAN ANTONIO TX 78270-1288  
(210) 366-2620 (800) 876-2804 (210)366-9569 fax

**AUTHORIZATION AGREEMENT FOR AUTOMATIC PRE-AUTHORIZED DEBITS  
(ACH DEBITS)**

**COMPANY/INDIVIDUAL NAME** \_\_\_\_\_  
**ACCOUNT #** \_\_\_\_\_

I (we) hereby authorize CROWN CAPITAL SERVICES INC, hereinafter called COMPANY, to initiate debit entries (pre-authorized drafts or withdrawals) and to initiate, if necessary, credit entries and adjustments for credit entries in error to my (our)  Checking  Savings account (select one) indicated below at the depository named below, hereafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY  
NAME \_\_\_\_\_  
BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

FREQUENCY OF DRAFTS:  Monthly DATE OF DRAFT: \_\_\_\_\_

(must match payment due date)

**A CHECK MARKED "VOID" MUST BE ATTACHED PRIOR TO PROCESSING.**

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

Social Security Number \_\_\_\_\_

Date \_\_\_\_\_

Signed X \_\_\_\_\_