



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 DEBITS
(ACH DEBITS)**

AGENCY NAME _____

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

DEPOSITORY NAME _____
BRANCH _____
CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

*****PLEASE FAX COMPLETED FORM WITH A VOID AGENCY CHECK TO (210) 366-9569*****

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

Federal Tax ID# _____

Date _____

Signed X _____