## Authorization Agreement Automatic Payments (ACH Debits)

I,	, hereby authorize Crowne at the Summit		
Apartments to initiate debit entries a any debit entries in error to my (our) and/or debit the same to such account	and to initiate, if necessary account indicated below	y, credit entries and adjustments for	
(Financial Institution Name)		(Branch)	
(Address)	(City/State)	(Zip)	
(Routing Number)		(Account Number)	
Type of Account:Checking	Saving		
NOTE: This authority is to remain a Apartments has received written not such time and manner as to afford C reasonable opportunity to act on it.	ification from me (or from	m either of us) of its termination in	
Print Individual Name			
Signature		Date	

<sup>\*</sup>Please Attach Voided Check Here\*

ACH Debit will begin from my account on			, 20						
I,									
						Garage \$_			
						FOR OFFICE US	SE ONLY		
January 20	\$	July 20	\$						
February 20	\$	August 20	\$						
March 20	\$	September 20	\$						
April 20	\$	October 20	\$						
May 20	\$	November 20	\$						
June 20	\$	December 20	\$						