AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME: **COURTS OF CRESTWOOD**

I (we) hereby authorize <u>Courts of Crestwood</u> hereinafter called COMPANY, to initiate debit entries of \$95.00 for my (our) Monthly Dues and a 30¢ bank charge, equaling \$95.30 to my (our) Financial Institution indicated below on the 10th of each month.

| NAME OF FINANCIAL INSTITUTION | |
|---|--|
| FINANCIAL INSTITUTION ROUTING/TRA | NSIT/ABA NUMBER |
| FINANCIAL INSTITUTION ACCOUNT NU | MBER |
| MONTH TO BEGIN DIRECT DEBIT | |
| This authorization is to remain in full force and notification from me (or either of us) of its term afford COMPANY and Financial Institution a | nination in such time and in such manner as to |
| Courts of Crestwood Property Address: | |
| Signature: | Date: |
| Name (Please Print): | |
| PLEASE REMIT VOIDED CHECK | |