



## Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking, savings or debit account. Doing so can help your on-time payment record, and it's convenient, saving you time and postage.

If the payment amount you provide does not satisfy your monthly payment requirement, you are responsible for making other payment arrangements to avoid late fees. Payments may continue to be debited even if your account is fully paid. It is your responsibility to cancel any payments following the full payment of your loan or for any other reason. Crescent Bank will return any overage payments as soon as reasonably possible, however, it will not be responsible for any costs, fees, or any other inconvenience related to the overpayment and the lack of availability of the funds.

### Your Financial Institution Information


Bank Name: \_\_\_\_\_

### Your Account Information

Account Type:  Checking  Savings  Debit

Account Name(s): \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

(Routing and Account #s are on the bottom of your check) **Example:**    
 Routing Number Account Number

Debit Card: \_\_\_\_\_ Card Exp.: \_\_\_\_\_ CVV#: \_\_\_\_\_

**Your Payment Information** Frequency  Monthly  Weekly

Loan #: \_\_\_\_\_ Authorized Recurring Payment Amount: \$ \_\_\_\_\_

Payment Start Date: \_\_\_\_\_ Payment End Date: \_\_\_\_\_

Payments will occur on the same day each week or same day of the month depending on the frequency chosen.

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing above, I agree this authorization will remain in full force and effect until I contact Crescent Bank and cancel verbally at 1-(866) 208-8288 or Crescent Bank receives written notification from me of its termination in sufficient time and in such manner as to afford Crescent Bank a reasonable opportunity to act on it.*

If this form is being  
faxed or mailed, please  
send to: Crescent Bank  
Attention: Admin Department  
P.O. Box 2829  
Addison, TX 75001  
Fax: (866) 260-1117

<b>FOR ADMIN DEPT USE ONLY</b>
Received by: _____
Received by: _____

If this Agreement is being signed electronically, Crescent Bank is required to provide you a written copy of this authorization. By electronically signing you acknowledge and accept the terms stated herein and agree that all future correspondence related to recurring payments may be sent by electronic means unless you cancel as stated herein. For a paper copy of this authorization or any other electronic correspondence, you may print it with your printer or otherwise request it from Crescent Bank. In order to receive electronic notices, you are required to have access to a valid email address and a Mac or Windows OS which can utilize Apple Safari, Microsoft Internet Explorer, Google Chrome, or Mozilla Firefox.