



## Recurring Paymentus Payment Authorization Form

Schedule your payment to be automatically deducted from your checking, savings or debit account

Recurring payments can help your on-time payment record:

- It's convenient (saving you time and postage)
- Your payment is always on time assuming sufficient funds in your checking, savings or debit account), eliminating late charges.

### Your Financial Institution Information

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

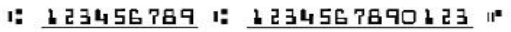
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Your Account Information

Account Type:  Checking  Savings  Debit

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

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

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

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

### Your Payment Information

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

Payment Start Date: \_\_\_\_\_ Payments will occur on the same day each month.

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

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

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

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

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

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

*This authorization will remain in full force and effect until I contact Crescent Bank and cancel verbally or Crescent Bank receives **written notification** from me of its termination in sufficient time and in such manner as to afford Crescent Bank a resonable opportunity to act on it.*

Form must be received by the Admin Department ten (10) days before payment date.

Fax or mail all items to: Crescent Bank  
Attention: Admin Department  
P.O. Box 2370  
Chesapeake, VA 23327-2370  
Fax: (866) 260-1117

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