



**AUTHORIZATION
FOR AUTOMATIC DEBIT**

I authorized ***Crystal Valley*** to initiate debits from my checking account listed below. This authority will remain in effect until I notify you in writing to cancel it, allowing the financial institution sufficient time and a reasonable opportunity to act on it.

Name of Financial Institution to Debit

Name of Financial Institution: _____

Financial Institution Address: _____

Routing Number: _____

Account Number: _____

Authorized Signature (print): _____

Authorized Signature (sign): _____

Email Address: _____

Account Holder Name: _____

Account Holder Address: _____

Phone Number: _____

APPLIES TO:

- ☐ All Balances as Due
- ☐ Heat-Wise Monthly Payment
- ☐ Feed Semi Monthly

Staple Voided Check Here

For Office Use Only:

Crystal Valley Account Number: _____ Date Received: _____