



**AUTHORIZATION  
FOR AUTOMATIC DEBIT**

I authorized **Crystal Valley** to initiate debits from my bank 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: \_\_\_\_\_

Checking Acct                       Savings Acct

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: \_\_\_\_\_