## Authorization Agreement Automatic Payments (ACH Debits)

I,	, hereby authorize Crowne at Old Carolina			
	ies and to initiate, if necessar (our) account indicated below	y, credit entries and adjustments for and First Bank of Jasper to credit		
(Financial Institution Name)	)	(Branch)		
(Address)	(City/State)	(Zip)		
(Routing Number)		(Account Number)		
Type of Account:Checkin	ngSaving			
	n notification from me (or from rd Crowne at Old Carolina A	til Crowne at Old Carolina m either of us) of its termination in partments and First Bank of Jasper a		
Print Individual Name				
Signature		Date		

<sup>\*</sup>Please Attach Voided Check Here\*

ACH Debit will b	begin from my accou	nt on	, 20		
Old Carolina Apa day of the month, funds are not avai Crowne at Old Ca this month again, money order for t	Introduct in the street of the	r acknowledge my understrom my checking accounting that this will be considered avill not attempt a second of at I will need to pay my reand if not paid by the operesponsible for late fees p	at each month on the 1 <sup>st</sup> t in the event that the a NSF payment. That debit from my account for ent by cashiers check or ening of business day of		
I also acknowledge my understanding that after the 2 <sup>nd</sup> time a debit is attempted that Crowne at Old Carolina Apartments will notify me that they are canceling my ACH Debit agreement.  Amount of rent to be deducted monthly \$					
FOR OFFICE US	SE ONLY				
January 20	\$	July 20	\$		
February 20	\$	August 20	\$		
March 20	\$	September 20	\$		
April 20	\$	October 20	\$		
May 20	\$	November 20	\$		
June 20	\$	December 20	\$		