



ONE-TIME e-CHECK AUTHORIZATION FORM

If you would like the convenience of making a one-time payment directly from your bank account, print this Authorization Form, complete all sections and sign where indicated below. All information and a voided check are required. We will automatically debit your bank account for the amount you authorized below.

Please ensure all entries are completed and accurate. Return this form by email to "accounts@crmcollect.com" or by Fax (516-430-5015) or regular mail.

CUSTOMER INFORMATION

Name: CRM Acct. No.:

Address: STREET CITY STATE ZIP

Phone: Email:

PAYMENT INFORMATION

I authorize Capital Resource Management, Inc. to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States Law.

Payment Date*: MM/DD/YYYY Payment Amount: \$

* FUNDS WILL BE WITHDRAWN ON OR AFTER THIS DATE

BANK INFORMATION *** INCLUDE A VOIDED CHECK WITH THIS FORM ***

Your Bank's ABA (9-digit routing) Number:

Your Bank Account Number:

Phone number associated with this bank account:

- Account Type:
[] Checking
[] Business Checking
[] Savings - CONTACT YOUR BANK FOR THEIR ACH ROUTING NUMBER AND ACCOUNT NUMBER FOR SAVINGS ACCOUNTS.

This payment authorization is to remain in full force and effect until I, notify Capital Resource Management, Inc. (CRM) of its cancellation by sending written notice in such time and in such manner to allow both Capital Resource Management, Inc. and receiving financial institution a reasonable opportunity to act on it. I agree not to dishonor any of this payment so long as the transaction corresponds to the terms specified herein. I understand and agree that this payment is a FINAL SALE and is NON-REFUNDABLE.

Authorized Signature Name Printed Date