



Capital Resource Management, Inc.

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RECURRING e-CHECK AUTHORIZATION FORM

If you would like the convenience of automatic recurring payments, print this 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 indicated and your total monthly debits will appear on your monthly banking statement.

Return this form by email to "accounts@crmcollect.com" or by Fax (516-430-5015) or regular mail.

YOUR NAME CRM ACCOUNT # CREDITOR NAME

PAYMENT INFORMATION Please print all entries in CAPITAL LETTERS

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.

TERMS OF BILLING

Starting On*: Month / Day / Year and on the Day of each month*
* FUNDS WILL BE WITHDRAWN ON OR AFTER THIS DATE.
following through Month / Day / Year [] Check box for continues until Paid in Full.

Recurring Payment Amount: \$.

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 these payments so long as the transactions correspond to the terms specified herein. I understand and agree that these payments are a FINAL SALE and are NON-REFUNDABLE.

Signature of Bank Account Holder Account Holder's Name Printed Date

If you would like payment reminders sent to your email, enter your email address and sign the below affirmation: I affirm that I am voluntarily providing the electronic email account entered below and this email account is neither furnished, nor is owned, by my employer. I consent to receive electronic mail correspondence from Capital Resource Management, Inc. in reference to the debt(s) about which they contacted me.

Email Address: Signature:
(PLEASE PRINT IN ALL CAPS)

THIS IS AN ATTEMPT TO COLLECT A DEBT. ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE. THIS COMMUNICATION IS FROM A DEBT COLLECTOR. NYC Dep't. of Consumer Affairs License No. 1398052