



Direct Deposit Authorization Form

I (we) hereby authorize CREM Management to electronically credit my (our) account (and, if necessary, to electronically debit my (our) account to correct erroneous credits) as follows:

Select one:

- Checking Account
- Savings Account

at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name _____

Routing Number _____ Account Number _____

Name(s) on the Account _____

Amount of credits(s) or method of determining amount of credit(s) _____

Date(s) and/or frequency of credit(s) _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify CREM Management (insert manner of revocation) that I (we) wish to revoke this authorization. I (we) understand that CREM Management requires at least (X days/weeks prior to notice in order to cancel this authorization.)

Name(s) _____

Date _____ Signature(s) _____

