

PO Box 1427 Bay Springs, MS 39422 Phone (800) 593-5564 Fax (800) 593-5564 crosswayequity@gmail.com

## **AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

I (we) hereby authorize <u>CROSSWAY EQUITY</u>, <u>LLC</u> hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

Bank of Customer	
STATE	ZIP
ACCOUNT #	
<u>ion</u>	
	CVV
me (or either of us) of its	IPANY and DEPOSITORY has termination in such time and in a reasonable opportunity to act
	y account on the day aid out.
*********	**********
(8)	
T #	_ DATE
	ACCOUNT #  ion  EXPIRATION DATE  force and effect until COM me (or either of us) of its ANY and DEPOSITORY a  thickness been terminated or pa  thickness been termina

Please send a voided check with your Bank Draft Authorization