

Board of Trustees
Crestwood Village Co-op Two, Inc.

HARMONY HALL
470 Route 530, Whiting, N.J. 08759
Phone: 732-350-5858
Fax: 732-716-0721

I (we) hereby authorize Crestwood Village Co-OpTwo to initiate debit entries to my (our) account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law. Accounts will be charged on the first of every month. (Unless the 1st falls on a weekend, it will be the following business day.) Automated payments will be deducted from your bank account between the 3rd and 5th day of the charge.

Depository (Bank) _____

BRANCH _____ STATE _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

PLEASE ATTACH A VOIDED CHECK

This authorization is to remain in full force and effect until Crestwood Village Co-OpTwo has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Crestwood and Depository a reasonable time to act on it.

NAME(S) _____

ADDRESS _____

DATE _____ SIGNATURE _____

EMAIL ADDRESS _____

A NOTIFICATION WILL COME FROM CRESTWOOD VILLAGE II TO YOUR EMAIL LETTING YOU KNOW WHEN THE DEBIT WILL TAKE PLACE.