



DIRECT PAYMENT AUTHORIZATION

Please return this document with a voided check

Customer Information

(Lease/Contract Number)

(Name - PLEASE PRINT)

Bank Information

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

Starting (and consecutive) Draft Date:

MM DD YYYY

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Financial Institution Routing Number:

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Financial Institution Account Number:

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These numbers are located on the bottom of the check as follows:

Ⓜ 123456789 Ⓜ 1234567890123 Ⓜ
Routing Number Account Number

I hereby authorize Crossroads Equipment Lease and Finance ("the Company") to initiate withdrawals from my account at the Financial Institution named in this application, for payment of my monthly invoices to the Company. This authorization will remain valid until either I, the company, or my Financial Institution revoke authority.

I may suspend payment of a monthly invoice by notifying the Company in writing at customerservice@crlease.com prior to 10:00 AM three business days before the payment is scheduled to be deducted from my account. I understand that two or more suspensions within a 12 month period may result in cancellation of my participation in the Direct Payment Program.

Account Holder Signature: _____ Date: ____/____/____

Account Holder Email: _____

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