



Bank Transfer Authorization Form

I authorize **Hillcrest Investment Group** to electronically debit my bank account according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States Law.

Terms of Billing (choose one):

Note: All transactions must be set to transfer no later than the 4th day of any month. This assures that your payment will be received by the 5th day of the month.

Starting on _____ and on the _____ of each month through
mm/dd/yy day of the month
_____ for the amount of \$_____.
mm/dd/yy

OR

Starting on _____ for the amount of \$_____ and accordingly
mm/dd/yy
thereafter per the terms in invoice(s).

Customer Bank Account Information:

Routing Number Account Number

Account type: Checking Savings Consumer Business

This payment authorization is to remain in effect until I, _____,
Customer Name

notify Hillcrest Investment Group of its cancellation by giving written notice in enough time for the business and receiving financial institution to have a reasonable opportunity to act on it.

Customer Signature Customer Printed Name Date