

# SINGLE ENTRY DEBIT AUTHORIZATION FORM

I (we) hereby authorize (**The Crossings of Millbrook**) to initiate debit entries to my (our) account indicated below, and to debit or credit the same such account. If this item is returned unpaid, I authorize an additional returned item fee of the maximum amount allowed by the state to be charged to this account.

## Checking or Savings Account

Type of Account	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Depository Financial Institution Name		
Name on Account		
Routing Number		Account Number

## Credit Card Account

Card Type	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Name on Card				
Credit Card Billing Address				
Card Number				
Expiration Date		CVV		

## Payment Setup Information

Amount		Transaction Date
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## Authorization

This authorization is to remain in full force and effect for the number of payments authorized above or until (**The Crossings of Millbrook**) has received written notification from me (or us) of its termination, in such time and such manner as to afford (**The Crossings of Millbrook**) a reasonable opportunity to act on it.

Name		Unit #
ID#		State
Signature		Date



**The Crossings**  
101 Crossings Drive  
Millbrook, Alabama 36054  
(334) 285-1220

