

BANK AUTHORIZATION

BANK

MERCHANT

BANK NAME _____

BUSINESS NAME _____

ADDRESS

ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

ROUTING NR. / ACCOUNT NR.

This letter authorizes the bank referenced above to mail to Crescent Processing Company, all checks returned not paid, **after the first presentment**, written to the above referenced business. Mail returned checks to:

Crescent Processing Company
12700 Park Central Drive
Suite 1100
Dallas, TX 75251

The aforementioned bank is hereby released from any further liability of guaranteeing delivery of the aforementioned returned checks to the business referenced above.

PRINTED NAME

BUSINESS OWNER SIGNATURE

DATE