

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Type of preauthorized payment:

- ☐ **AFT** Preauthorized payment from/to an internal bank account
- ☐ **ACH** Preauthorized payment from/to an external bank account
ACH must be initiated at least 2 days prior to the settlement date.

Type of authorization:

- ☐ New authorization ☐ Change authorization ☐ Revoke authorization ☐ Deposit Sweep (only)

FUNDS TRANSFERRED FROM:

Routing /ABA number of Bank: _____		Account Number: _____	
Account Type:	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	
Name of account owner sending funds: _____			
Bank Name: _____			
Bank Address: _____			
Account owner phone # _____		Bank phone #: _____	

FUNDS TRANSFERRED TO:

Routing /ABA number of Bank: _____		Account Number: _____	
Account Type:	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Loan <input type="checkbox"/>
Name of account owner receiving funds: _____			
Bank Name: _____			
Bank Address: _____			
Account owner phone # _____		Bank phone #: _____	

Next transfer date: _____

Termination date: _____

☐ Customer holder requested amount \$ _____
or

☐ An amount which may vary, but makes the minimum payment amount that is required by the loan agreement :
\$ _____

Day of Month to Charge acct. : _____

Frequency to Charge account: ☐ Weekly ☐ Bi-Weekly ☐ Monthly
☐ Twice Monthly ☐ Other: _____

(Please give a brief description for other)

[OVER]

Disclosure

If you are the account owner of both the "FROM" and the "TO" accounts listed on page 1:

I hereby authorize **FIRST STATE BANK, PO BOX 50, MENDOTA, IL 61342**, to initiate debit and/or credit entries to my account indicated above and the other institution named above to debit/credit the same to such account. I am required to provide a voided copy of a check, deposit ticket or savings statement for the account not held at First State Bank.

or

If you are the account owner for one of the accounts listed above but not the other account listed on page 1:

I hereby authorize **FIRST STATE BANK, PO BOX 50, MENDOTA, IL 61342**, to initiate debit and/or credit entries on my behalf to the receiver indicated above at the institution named above. I am required to obtain an AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS) or an AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS) and voided copy of a check, deposit ticket or savings statement. These are retained by me for two years beyond the termination of this agreement and made available to First State Bank upon request.

If the indicated transfer date falls on a weekend or holiday the transfer may occur on the previous business day.

I authorize First State Bank to initiate reversing entries to correct erroneous transactions.

These accounts remain subject to their individual terms and conditions, which are not modified by this authorization. If no termination date is specified, this authorization will remain in effect until terminated by any one of us or account is paid in full. You may terminate/revoke this authorization by giving us written notice at **First State Bank, PO Box 50, Mendota, IL 61342**, at least 3 days prior to the effective date of the transfer.

Authorization

Authorization of preauthorized payment: (AFT/ACH) & acknowledgement of Disclosure

Customer signature

Date

Last 4 digits of Social Security Number

Internal Use Only:

Employee Taking Information:

Employee Maintenance:

Revocation

Revocation of preauthorized payment: (AFT/ACH)

Customer signature

Date

Internal Use Only:

Employee Taking Information:

Employee Maintenance: