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EXCHANGE BANK

relationships you can bank on.®

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED TRANSACTIONS

COMPANY NAME: _____ COMPANY ID NUMBER _____

I hereby authorize _____, hereinafter called COMPANY, to initiate entries to my (select one) Checking Savings account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit/credit the same to such account.

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING # _____

Debit Credit

ACCOUNT # _____ AMOUNT \$ _____

FREQUENCY _____ START DATE _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME _____ ID NUMBER _____

SIGNED _____ DATE _____

NOTE: All written debit/credit authorizations **MUST** provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM.
(NO DEPOSIT SLIPS, PLEASE)