



Debit Authorization Form

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) (City, State)

(Routing Number) (Account Number) Checking Savings

Please attach a voided check to this form. Citizens State Bank will not process this request without a voided check.

Amount of payment: \$ Start Date of ACH:

Frequency of ACH: Number of Payments:

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such a time and manner as to afford COMPANY a reasonable opportunity to act on it. *If it is a joint account, both parties need to sign.

(Print Name) (Date)

(Signature)

(Print Name) (Date)

(Signature)

*If we currently have an ACH setup with you, and you want to keep the same, please only fill out the top line and information below check. We do not need a new voided check for file.