

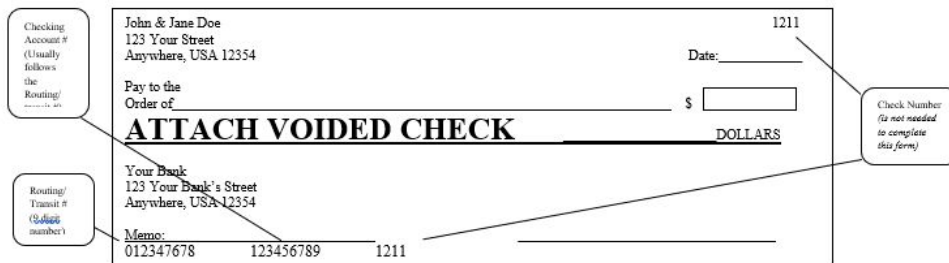


Summer Care Debit Authorization Form

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



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.

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

(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.