

**AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)**

I hereby authorize First State Bank to debit entries to my account indicated below. I acknowledge the origination of ACH transactions to my account must comply with the provisions of U.S. law

DEBIT ACCOUNT NAME _____

DEBIT ACCOUNT # _____ **CHECKING** ___ **SAVINGS** ___

FINANCIAL INSTITUTION _____

ROUTING TRANSIT NUMBER _____

AMOUNT TO BE DEBITED \$ _____

FREQUENCY _____

EFFECTIVE DATE _____

CREDIT ACCOUNT NAME _____

CREDIT ACCOUNT # _____

CHECKING ___ **SAVINGS** ___ **LOAN#** _____

FINANCIAL INSTITUTION _____

ROUTING TRANSIT NUMBER _____

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

Signature

Date