

Credit Authorization

Single Account Multiple Accounts

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

Primary Account (Deposit Net Pay)

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

Type of Acct: Checking Savings

(Routing Number) (Account Number)

Secondary Account (Deposit \$ _____)

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

Type of Acct: Checking Savings

(Routing Number) (Account Number)

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 time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name)

(Signature)

(Print Individual ID Number)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!