



community state bank

*Redefining Simple.*

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)**

Name COMMUNITY STATE BANK

R/T Number 073910114

I (we) hereby authorize COMMUNITY STATE BANK to initiate credit entries to my (our)  Checking Account /  Savings Account (select one) indicated below at the depository financial institution named below, hereafter call DEPOSITORY, and 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.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

This change will start on \_\_\_\_\_ and will continue until revoked by me in writing.

This authorization is to remain in full force and effect until COMMUNITY STATE BANK has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMMUNITY STATE BANK and DEPOSITORY a reasonable opportunity to act on it.

Business Name \_\_\_\_\_ ID Number \_\_\_\_\_  
(Please Print)

Authorized Signer:

Date \_\_\_\_\_ Signature \_\_\_\_\_