

 **FARMERS SAVINGS BANK**
ACH AUTHORIZATION FORM

I (we) hereby authorize _____ to initiate debit entries to transfer funds from my (our)
 Checking Account / Savings Account (*select one*) indicated below at the depository financial institution named below.

I (we) agree that ACH transactions authorized herein shall comply with all applicable law.

Depository Bank Name / Branch Office	Address
<hr/>	<hr/>
City	State Zip

Depository's Transit Routing Number

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Account Number

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Name(s) on Account	Address
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City	State Zip

Please attach a voided check

Amount of debit(s) \$ _____ Frequency: Monthly Weekly Bi-Weekly

Starting on Date: _____

This authorization shall remain in full-force and effective until notification given by calling in or in-writing *10 days prior to next debit* from me (or either of us) of its termination. ¹

(If debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.)

Signature	Date
<hr/>	<hr/>
Signature	Date
<hr/>	<hr/>

¹ Written credit authorizations MUST provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Voided Check Attached