



Authorization Agreement Direct Payments (ACH Debits)

I (we) hereby authorize **Farmers State Bank**, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account.

I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. laws.

I further understand that Farmers State Bank may charge a fee of \$5.00 per ACH transaction.

Amount of Transfer: _____ Frequency of Transfer: _____ Date of Transfer: _____

Information on the Account Being Debited

Financial Institution Name _____ Branch _____

Address _____ City _____ State _____ Zip Code _____

Accountholder Name _____ Routing/Transit Number _____ Account Number _____

Type of Account: Checking Savings

Information on the Account Being Credited

Financial Institution Name Farmers State Bank Branch Stigler

Address P.O. Box 599 City Stigler State OK Zip Code 74462

Accountholder Name Stigler United Methodist Church Routing/Transit Number 103104874 Account Number 7488 710

Type of Account: Checking Savings Loan

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 _____ Print Individual Name _____

Print Individual ID Number (SSN) _____ Print Individual ID Number (SSN) _____

Main Bank Red Oak Branch Haskell County Branch Eufaula Branch

Please Note: Payment amounts may change from time to time on loans due to interest rate adjustments (for variable rate loans) and/or escrow adjustments (due to changes on your insurance premiums and/or property taxes).

Please attach a copy of a voided check to this form.

Date _____ Customer Signature _____ Customer Signature _____

To be completed by FSB Employee Completing ACH debit setup:

Date Maintained: _____ Employee Name: _____

Charged? If charged, credit the \$5 fee to Miscellaneous Fees & Income.

Reset Form



Sample
Authorization Agreement
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I further understand that Farmers State Bank may charge a fee of \$5.00 per ACH transaction.

* Amount of Transfer: \$100 Frequency of Transfer: Weekly Date of Transfer: Sunday

Information on the Account Being Debited

* First National Bank Financial Institution Name Stigler Branch
P.O. Box 669 Address Stigler City OK State 74462 Zip Code
John + Jane Doe Accountholder Name 103102847 Routing/Transit Number 345678 Account Number
 Type of Account: Checking Savings

Information on the Account Being Credited

Sample Farmers State Bank Financial Institution Name Stigler Branch
P.O. Box 599 Address Stigler City OK State 74462 Zip Code
Stigler United Methodist Church Accountholder Name 103104874 Routing/Transit Number 7488710 Account Number
 Type of Account: Checking Savings Loan *Sample*

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.

* John Doe Print Individual Name Jane Doe Print Individual Name
444-44-4444 Print Individual ID Number (SSN) 123-45-6789 Print Individual ID Number (SSN)

Main Bank Red Oak Branch Haskell County Branch Eufaula Branch

Please Note: Payment amounts may change from time to time on loans due to interest rate adjustments (for variable rate loans) and/or escrow adjustments (due to changes on your insurance premiums and/or property taxes).

Please attach a copy of a voided check to this form.

* 4/1/18 Date John Doe Customer Signature Jane Doe Customer Signature

To be completed by FSB Employee Completing ACH debit setup:

Date Maintained: _____ Employee Name: _____

Charged? If charged, credit the \$5 fee to Miscellaneous Fees & Income.

Reset Form

Sample