

**AUTHORIZATION AGREEMENT
AUTOMATIC DEPOSITS (ACH CREDITS)**

(from First National Bank of Ava to another bank)

I (we) hereby authorize First National Bank of Ava, hereinafter called COMPANY, to credit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to credit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name

Branch

Address

City

State

Zip

Routing Number Account Number

Type of Acct: ___ Loan ___ Checking ___ Savings

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)

(Signature)

(Signature)

(Date)

(FNB, Ava/account number to debit)

Monthly amount

Monthly date (5th, 15th, 20th, or 30th)

**PLEASE ATTACH COPY OF VOIDED DEPOSIT TICKET OR LOAN COUPON TO
THIS FORM
(Customer retains second copy)**

Please cancel the above ACH

Signature

Date

