

**AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)**

(from another bank to First National Bank of Ava)

I (we) hereby authorize First National Bank of Ava, 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. law.

Financial Institution Name

Branch

Address

City

State

Zip

Routing Number

Account Number

Type of Acct: ___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)

(print individual ID number)

(print individual ID number)

(Signature)

(Signature)

(Date)

(FNB, Ava/account number to Credit)

Monthly amount

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

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM
(Customer retains second copy)

Please cancel the above ACH

Signature

Date