



ACH DEBIT AUTHORIZATION

I hereby authorize Village of Minier, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination for ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Address of Financial Institution)

(City/State)

(Zip)

(Routing Number)

(Account Number)

Type of Account: 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.

(Signature)

(Print individual Name)

Service ID #

Acct#

(Village Accounts)

(Date)

Service Address

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!
PLEASE RETAIN AUTHORIZATION FOR TWO (2) YEARS AFTER ORIGINATION HAS
BEEN CANCELLED

***** FAX A COPY TO FIRST FARMERS STATE BANK*****