

# Debit Authorization Form

I (we) hereby authorize \_\_\_\_\_, 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 such account. **I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.**

Please attach a voided check to this form. Citizens State Bank will not process this request without a voided check.

\_\_\_\_\_  
(Financial Institution Name) (Ph. Number)

\_\_\_\_\_  
(Address) (City/State) (Zip)

\_\_\_\_\_  
(Routing Number) (Account Number) \_\_\_ Checking \_\_\_ Savings

Amount of payment: \$ \_\_\_\_\_ Start Date of ACH: \_\_\_\_\_

Frequency of ACH: \_\_\_\_\_ End Date of ACH: \_\_\_\_\_

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 a time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Individual Name) (Date)

\_\_\_\_\_  
(Signature)

## Company Acct Information

\_\_\_\_\_  
(Citizens State Bank Customer Signature) (Account Number)

<b>Bank Use Only</b>	Date Received:	Completed By:	Verified By:
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