

You fill out this section - THANKS!

**ELECTRONIC FUNDS TRANSFER**

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENT**

**DEBIT**

I/we hereby authorize **Commercial Savings Bank** to initiate (debit) entries to my/our account indicated below. I acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. Law.

Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Bank Routing/ ABA No. (numbers at lower left on check) \_\_\_\_\_

Account type (circle one)  CHECKING  SAVINGS

Account Number \_\_\_\_\_

Account Title \_\_\_\_\_

Amount of Monthly Withdrawal monthly balance

Day of Month for Withdrawal 25th Effective Date next statement

This authority is to remain in effect until I/we provide notification that we wish to discontinue this withdrawal. Notification must be received 10 days prior to scheduled withdrawal date.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**CREDIT**

I/we hereby authorize **Commercial Savings Bank** to initiate (credit) entries to my/our account indicated below. I acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. Law.

Bank Name Commercial Savings City Carroll State IA

Bank Routing/ABA No. (numbers at lower left of check) \_\_\_\_\_

Account Type (circle one)  CHECKING  SAVINGS  LOAN  PAYROLL

Account Number \_\_\_\_\_

Account Title City of Dedham

Day of Month for Deposit 25th Effective Date ~~11-25-20~~

This authority is to remain in effect until I/we provide notification that we wish to discontinue this withdrawal. Notification must be received 10 days prior to the scheduled withdrawal date.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

ACH REPRESENTATIVE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

City will complete this section