

Authorization Agreement for Direct Payments
(ACH Debits)

Company: Citizens State Bank

ABA Number: 0739-21190

I (we) hereby authorize Citizens State Bank, hereinafter called Company, to initiate debit entries to my (our) (x) checking () savings account indicated below at the depository financial institution named below. Hereinafter called Depository, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

You agree and authorize us to debit your account _____ for a one time set up fee plus Sales Tax. **State Sales Tax applies only when the ACH service is set up on a checking account. Sales Tax does not apply to a savings account.**

Depository Name: _____

City: _____ St: _____ Zip: _____

Routing #: _____ Account #: _____ Amount: \$ _____

Frequency: _____ Citizens State Bank Account: _____

Effective Date: _____ Expiration Date: _____

This authorization is to remain in full force and affect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Name(s): _____

The undersigned acknowledge(s) receipt of and agree(s) to the terms of the following disclosures:

- 1. Electronic Funds Transfers, Your Rights and Responsibilities**
- 2. Common Features, Limits and Fees**

Signed: _____

Please Attach Voided check or Deposit Ticket

