

Authorization For Automated Clearing House (ACH) Debits

 Print name as shown on Financial Institution records where deposit account is located

 Bank Account Number

 Name of Financial Institution

 Bank Branch Office

 Address of Financial Institution

 City

 State

 Zip Code

TO THE NAMED FINANCIAL INSTITUTION: I (we) hereby request and authorize you to pay and charge to the above referenced account ACH Debits transmitted to that account by and payable to the order of the First National Bank provided there are sufficient funds in the account to pay the same upon presentation. I (we) agree that your rights in respect to each debit transmitted to you shall be the same as if it were an ACH Debit transmitted to you and signed personally by me (us). This authority is to remain in effect until revoked by me (or either of us) in writing; and until you actually receive such notice. I (we) agree that you shall be fully protected in honoring any such ACH Debit. I (we) further agree that if any such ACH Debit shall be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever.

 Authorized Signature as per Financial Records

 Date

 Name on electric
 account to credit

 Electric account number

Note: Please attach a voided check to this authorization in the space below.

Planters EMC Office use only		
BANK TRANSIT NBR		
BANK ACCOUNT NBR		
DRAFT NBR		
DRAFT CODE		
CHECKING/SAVINGS	C S	
CYCLE NBR		
DRAFT DATE		
BANK ACCOUNT NAME		
DRAFT AMOUNT		
MBRSEP	AMOUNT	STATUS