



AUTHORIZATION FOR AUTOMATIC PAYMENT

TO: _____
(COMPANY NAME)

I authorize the COMPANY (named above) to initiate any automatic payments from my account at the DEPOSITORY (identified below). All relevant account information is listed below.

DEPOSITORY NAME: The Neffs National Bank

ROUTING/ABA NUMBER: 031316608

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: CHECKING SAVINGS

Please discontinue automatic payments from my previous account:

DEPOSITORY NAME: _____

ROUTING/ABA NUMBER: _____

ACCOUNT NUMBER: _____

I understand that this authorization replaces any previous authorization and will remain in full force and effect until the COMPANY has received written notification from me of its termination.

Name (First, Middle, Last): _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone Number: _____

Signature: _____ Date: _____