

ACH DEBIT Authorization Agreement

[X] New Authorization Customer Name _____
[] Change Authorization
[] Terminate Authorization * Termination Effective Date _____ Customer Phone _____

I (we) authorize First National Bank in Staunton to originate an ACH debit as described below:

TO (DEBIT): Financial Institution Name _____
Financial Institution ABA _____
Account # _____ Type of Account: [] Savings [] Checking
Purpose of the ACH debit DONATION

PLACE VOIDED CHECK HERE

Start Date _____ End Date _____ Amount of Transfer: _____ Changed Amount _____
*Transfers scheduled to take place on a holiday or normal bank close day take place on the posting day prior to the holiday or close day, except loan payments.

Frequency: One Time Only on _____ Monthly on the _____ Other _____
Ach Fee 0.00 Return Item Fee 27.00

I agree to the following: I understand that the Agreement is not considered executed until approved by First National Bank personnel. I understand that exact information is necessary for this ACH transfer to be completed successfully. The First National Bank will not be responsible for failing to complete the ACH transfer if I give First National Bank incorrect information, or there are insufficient or uncollected funds in my account on the date of transfer. I agree to reimburse First National Bank for any loss it sustains honoring this request. First National Bank may resubmit transfers returned for insufficient funds up to TWO times, and I understand a transfer fee and return fee will be assessed for each transfer attempt. I state that I am an authorized signer, or otherwise have authority to act, on the account identified. I attest that the credit is not being originated with fraudulent intent. Unless an end date is provided within the original ACH Authorization Agreement, the authorization will remain active until First National Bank has received written notice. However, First National Bank reserves the right to terminate this Agreement immediately. If First National Bank terminates this Agreement, you will be notified in writing within TWO business days. Any termination of this Agreement shall not affect any of First National Bank's rights and customer's obligations with respect to transfers initiated prior to such termination.

New Authorization Signature _____ Date _____
Changed Authorization Signature _____ Date _____
Termination Authorization Signature _____ Date _____

Company Use Only _____
Accepted by _____ Date/Time _____
Approved by _____ Approval Date _____ Tie Breaker _____
Prenote Created by _____ Date entered _____ Prenote Reviewed by _____ Date reviewed _____