

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

Employee: \_\_\_\_\_ Date: \_\_\_\_\_  
 Branch No. : \_\_\_\_\_ Telephone No.: \_\_\_\_\_

I (we) hereby authorize:

- |   |  |
|---|--|
| <input type="checkbox"/> First Merchants Bank, National Association | <input checked="" type="checkbox"/> Madison Community Bank, National Association |
| <input type="checkbox"/> First United Bank, National Association    | <input type="checkbox"/> United Communities National Bank                        |
| <input type="checkbox"/> First National Bank                        | <input type="checkbox"/> Decatur Bank & Trust Company, National Association      |
| <input type="checkbox"/> Frances Slocum Bank, National Association  | <input type="checkbox"/> Lafayette Bank & Trust Company, National Association    |

hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account in the amount of \$ \_\_\_\_\_ for loan/account number \_\_\_\_\_ .  
 This debit will begin on \_\_\_\_\_ and continue \_\_\_\_\_ thereafter.

<i>DEPOSITORY NAME</i>	<i>BRANCH</i>	
<i>CITY</i>	<i>STATE</i>	<i>ZIP</i>
<i>TRANSIT / ABA NO.</i>	<i>ACCOUNT NUMBER</i>	

This authority is to remain in full force and affect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination at such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S): \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICER: \_\_\_\_\_