



**AUTHORIZATION AGREEMENT
FOR (Consumer-only)
ACH TRANSACTIONS**



(Please check appropriate charter.)

- Brookings Milbank Pipestone Sioux Falls

I authorize THE BANK to initiate debit entries to my account indicated below.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

DEBIT ACCOUNT INFORMATION

Customer Name (please print) _____

Please list the account number and indicate the type of account the funds will be debited from.

Account # _____ Savings Checking

Name of Financial Institution _____ Bank Routing Number _____

CREDIT ACCOUNT INFORMATION

United Way of Vermillion

Customer Name (please print) _____

Name of Financial Institution _____ Bank Routing Number _____

Please list the account number and indicate the type of account to have your Deposit credited to.

Account # _____ Amount of Transfer \$ _____ Starting Date _____

Savings Checking

Transfer Frequency: One Time Only Monthly Weekly Bi-Weekly

Semi-Monthly: Date of 1st Transfer _____ Date of 2nd Transfer _____

This authorization will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my bank up to 3 business days prior to my account being charged. I understand that there may be a fee charged by my financial institution for any stop payment I authorize.

To start this automatic transfer, the bank must receive the completed form at least 10 days prior to the transfer start date. Should any transfers need to be made during this processing time, please have an alternate method available.

I understand that the amount I have authorized may vary with the guidelines stated here, and I will be notified at least 10 days prior to the transfer if the amount falls outside of these guidelines. By signing this authorization I hereby acknowledge receipt of a copy of this signed authorization.

Name (please print) _____

Signature of Debiting Account Holder _____

Date _____

Bank Employee _____ Extension _____

****The ACH Agreement Checklist (on following page) must be completed for ALL NEW ACH requests, including one-time-only requests.**

TERMINATION OF THIS ACH AGREEMENT: By signing below, I authorize this ACH Agreement to be cancelled as of

_____ (effective date). Customer Signature _____