

CNB Account Number \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

**1. ONE-TIME CONTRIBUTION**

**CURRENT YEAR 20** \_\_\_\_\_

**PREVIOUS YEAR 20** \_\_\_\_\_

\$ \_\_\_\_\_ Traditional IRA\*

\$ \_\_\_\_\_ Traditional IRA\*

\$ \_\_\_\_\_ Roth IRA\*

\$ \_\_\_\_\_ Roth IRA\*

\$ \_\_\_\_\_ SEP – Simplified Employee Pension Plan\*\*

\$ \_\_\_\_\_ SEP – Simplified Employee Pension Plan\*\*

\*Allowable up to the deadline for filing account owner's tax return not including extensions.

\*\*Allowable up to the deadline for filing employer's tax return including extensions.

Check enclosed

Debit my checking account\* -- Please complete Section 3

\*I understand this can take up to 5 business days for processing.

**NOTE: All contributions, except Roth IRA contributions, are deemed to be Deductible/Taxable contributions (as defined) unless otherwise specified.** Deductible/Taxable means the contribution (or a portion thereof as indicated) will be deductible for the year for which it was contributed. The amount of the contribution will be taxable at the time the funds are distributed from the retirement account regardless of age.

**2. PERIODIC CONTRIBUTIONS BY ACH - SECTION 3 MUST BE COMPLETED**

Automated contributions are to be debited from my bank account on the following basis:

Monthly  Quarterly Amount \$ \_\_\_\_\_ Beginning Date: \_\_\_\_/05/\_\_\_\_  
(minimum \$50)

Automatic contributions are processed on the 5<sup>th</sup> of each month. If the 5<sup>th</sup> falls on a weekend or holiday it will be processed the next business day.

**3. AUTHORIZATION AGREEMENT FOR ACH CONTRIBUTIONS**

I hereby authorize Community National Bank, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

EXACT NAME ON BANK ACCOUNT \_\_\_\_\_ BANK NAME \_\_\_\_\_

BANK CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

ACCOUNT TYPE  Checking  Savings TRANSIT/ABA # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

Your Bank's Transit/ABA Number AND Your Account Number MUST Be Provided!!

**4. SIGNATURE**

By signing below, I agree to the following statements:

- I am responsible for keeping sufficient cash available at the financial institution referenced above to fund my requested automatic contributions. I understand that my request may be cancelled by Community National Bank without prior notice if funds are insufficient.
- I understand that I will be responsible for returned ACH charges if funds are insufficient on the day of the debit shown above.
- **All periodic contributions posted to my account with Community National Bank will be coded as "CURRENT YEAR".**
- I agree that I am responsible for monitoring the total amount contributed to my account(s) each year to avoid excess contributions.
- I understand that I must complete an Investment Authorization form to invest the funds received by automatic contribution. Otherwise they will be held within the savings portion of my IRA until further direction is received.
- If a debit entry is reversed after my contribution is invested within my account, I understand that Community National Bank will liquidate investments without my approval to cover the reversal if cash is not available in my account. I understand that I will be responsible for returned ACH charges as well as any transaction fees, if applicable.
- If the account at the above named institution is closed I agree to notify CNB as soon as possible.

This Authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and such manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. I hereby indemnify Community National Bank and hold it harmless from any liabilities, losses, claims, taxes, causes of actions, etc. to which I may be subjected due to this request.

X \_\_\_\_\_  
Signature of Account Owner

\_\_\_\_\_  
Date

ATTACH VOIDED CHECK HERE