

CNB Account Number _____ **Account Name** _____

1. BANK ACCOUNT INFORMATION

COMPANY NAME: Community National Bank COMPANY ID NUMBER: 101104504

I hereby authorize Community National Bank, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit 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. **Your Bank's ABA Routing Number (9 digits) AND Your Account Number MUST Be Provided! Please ensure the accuracy of your financial institution's routing and account information and inform us of any future changes. An additional fee will be charged if a wire or ACH is rejected due to incorrect instructions.**

BANK NAME _____ PHONE _____

CITY _____ STATE _____ ZIP _____

ABA ROUTING # _____ ACCOUNT # _____
Your Bank's ABA Routing Number (9 digits) AND Your Account Number MUST Be Provided!!

2. ACCOUNT TYPE

- Checking (attach voided check below)**
- Savings (attach verification from bank or savings statement)**

3. VOIDED CHECK

JOHN DOE 123 FOURTH AVENUE ANYTOWN, USA 12345	9999
PAY TO THE ORDER OF _____	DATE _____
YOUR FINANCIAL INSTITUTION ANYTOWN, USA 12345	_____ Dollars
MEMO _____	_____
:123456789: 012345678901 9999	

ATTACH VOIDED CHECK HERE

4. SIGNATURE

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.

NOTE: All written credit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

X _____
Signature of Account Owner Date