

CNB Account Number _____ Name _____ Phone _____

1. ONE-TIME CONTRIBUTION

Credit my contribution as follows:

\$ _____ Traditional IRA For Tax Year: _____

\$ _____ Traditional IRA For Tax Year: _____

\$ _____ Roth IRA For Tax Year: _____

\$ _____ Roth IRA For Tax Year: _____

\$ _____ SEP IRA For Tax Year: _____

\$ _____ SEP IRA For Tax Year: _____

\$ _____ Other*: _____

*If a fee payment, the amount will not be considered a contribution. If a rollover, you must also complete the Rollover Deposit Statement.

NOTE: Previous year traditional and Roth contributions are allowable up to the deadline for filing account owner's tax return not including extensions. Previous year SEP contributions are allowable up to the deadline for filing employer's tax return including extensions.

2. METHOD OF PAYMENT

Check enclosed

Debit my bank account* -- Must complete Section 5

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

3. PERIODIC CONTRIBUTIONS BY ACH - SECTION 4 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 5th of each month. If the 5th falls on a weekend or holiday it will be processed the next business day.

Fee payments cannot be set up on a periodic basis.

4. ON-DEMAND CONTRIBUTION BY ACH - SECTION 4 MUST BE COMPLETED

On-Demand Contribution – Variable amount no greater than \$20,000.00 to be determined by the account holder or their designated representative for each payment.

I hereby authorize Community National Bank to accept verbal instructions for any gross amounts of **\$20,000.00 and under** that I, or my designated representative(s), may request from time to time.

On-Demand contributions are available for contributions requested by ACH. Once On-Demand contributions have been established, a new form will need to be completed and signed by you when changes are made to the bank ACH/wire information. On-Demand contributions must be established by the IRA owner; however, your signature on this form also authorizes the designated representative listed on your account at the time of each verbal request to initiate these contributions on your behalf.

I hereby authorize any telephone instructions given pursuant to this authorization and agree that Community National Bank will not be liable for any losses resulting from unauthorized transactions. I understand that this authorization will be in effect until written revocation or modification is received by Community National Bank.

5. AUTHORIZATION AGREEMENT FOR ACH

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!!

JOHN DOE 123 FOURTH AVENUE ANYTOWN, USA 12345	9999
PAY TO THE ORDER OF _____	DATE _____
ATTACHED VOIDED CHECK HERE	
YOUR FINANCIAL INSTITUTION ANYTOWN, USA 12345	
MEMO _____	

6. 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

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.