

CNB Account Number _____ **Name** _____ **Phone** _____

1. AUTHORIZATION AGREEMENT FOR AUTOMATED DEBITS

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.

Automated debits are to be made from my bank account on the following basis:

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

Automatic debits 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.

BANK NAME _____ PHONE _____

CITY _____ STATE _____ ZIP _____ 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 DATE _____
PAY TO THE ORDER OF _____ \$ _____ Dollars	
YOUR FINANCIAL INSTITUTION ANYTOWN, USA 2345	
MEMO _____	
:123456789: 012345678901 9999	

ATTACH VOIDED CHECK HERE

2. 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 debits. 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.
- I understand that I must complete an Investment Authorization form to invest the funds received by automatic debit. Otherwise they will be held within the savings portion of my account until further direction is received.
- If a debit entry is reversed after my funds are 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.
- I agree to notify CNB at least three business days before the scheduled date of the transfer to stop payment of the preauthorized electronic fund transfer by calling 800-680-0340. CNB may require a written confirmation within 14 days of any oral notification.

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