

Name \_\_\_\_\_ CNB Account # \_\_\_\_\_

E-mail address \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

**1. EXPENSE INFORMATION**

Property Description: \_\_\_\_\_ Ownership % \_\_\_\_\_

**Expense Type:**

- |   |   |
|---|---|
| <input type="checkbox"/> Appliances/Furnishings   | <input type="checkbox"/> Property Taxes             |
| <input type="checkbox"/> HOA Payment              | <input type="checkbox"/> Repairs                    |
| <input type="checkbox"/> Insurance                | <input type="checkbox"/> Return of Security Deposit |
| <input type="checkbox"/> Landscaping              | <input type="checkbox"/> Upgrade/Improvement        |
| <input type="checkbox"/> Loan Payment             | <input type="checkbox"/> Utilities                  |
| <input type="checkbox"/> Property Management Fees | <input type="checkbox"/> Other _____                |

*Please attach documentation for the requested payment (invoice, etc.)*

Amount \$ \_\_\_\_\_ Payments are to be made:  One Time Only  Recurring As Invoiced (Apx. Invoice Amt \$ \_\_\_\_\_)

Recurring Schedule:  Monthly  Quarterly  Semi-Annually  Annually Beginning Date of Recurring Payment \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: If cash is not available at the time of the requested payment, CNB will not send the payment until cash becomes available. Recurring payments will end upon the sale of this property or if we receive written instructions to stop the payment.

**2. METHOD OF PAYMENT**

- Check** – CNB will make check payable as instructed in Section #3 below.
- Send by regular U.S. mail
  - Please send by the following overnight carrier:
    - Federal Express Billing # \_\_\_\_\_
    - UPS Billing # \_\_\_\_\_
    - Deduct special mailing fee of \$35 from my account.

**Submit Form and Documentation By:**  
Fax: 785-336-2214  
E-mail: [realestate@communitynationalbank.net](mailto:realestate@communitynationalbank.net)

**Wire** – CNB will wire funds as instructed in Section #4 below. I understand a \$30 wire fee will be deducted from my account.

**3. ADDRESS FOR PAYMENT BY CHECK**

Make Check Payable To \_\_\_\_\_ Account # \_\_\_\_\_  
Payee Address \_\_\_\_\_ Payee Phone # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Check Memo Documentation \_\_\_\_\_

**4. WIRE INSTRUCTIONS**

The undersigned originator requests payment to be made to the firm shown on the attached invoice and the account number below. To the extent not prohibited by law, the undersigned agrees that this wire transfer is irrevocable and that the sole obligation of CNB is to exercise ordinary care in processing this wire transfer and that it is not responsible for any losses or delays which occur as a result of any other party's involvement in processing this transfer.

Name on Bank Account \_\_\_\_\_ Bank Account # \_\_\_\_\_  
Bank Name \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ ABA Routing # \_\_\_\_\_

**Note:** If a wire is rejected due to incorrect wire instructions, CNB may charge additional wire fees.

**5. SIGNATURE**

I acknowledge that Community National Bank ("CNB") is not responsible for notifying me of any payments due, and that it is my responsibility to provide in writing any direction to make such payments, including modifications to previous directions. I understand that I am responsible for reviewing account statements to ensure that proper payments have been made according to my direction. I understand that CNB has no authorization to make any modifications to any directions submitted without my authorization. I acknowledge that it is my sole responsibility to ensure there are sufficient funds within the account to make directed payments and any late fees resulting from insufficient funds or incomplete instructions are my responsibility.

I acknowledge and represent that the payment directed above was incurred by this account and that the account is only paying its portion of the expense. Any person or entity that has provided services to this account is an unrelated third-party and not a disqualified person as defined by the Internal Revenue Code Section 4975. I understand the prohibited transaction rules under IRS section 4975 and payment does not constitute a prohibited transaction. I acknowledge that no portion of the directed payment will be used to reimburse myself for any expenses paid out of pocket.

I hereby direct CNB to disburse the cash funds in my account according to the information and instructions above. I understand that I must request this payment to be made with sufficient notice to CNB to meet invoice due dates and that CNB will not be liable for any late payments due to delayed mail service. I hereby indemnify CNB and hold it harmless from any liabilities, claims, taxes, causes of actions, etc. to which I may be subjected because of this payment or any other activity in my account. I further acknowledge that the transaction directed above, as well as all other activities associated with this account, are governed by the Custodial Agreement.

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