

### 1. Authorizing Parties

CNB Account Owner's Name		Name of Payer Authorizing Debit Entry	
CNB Account # or Account Type	CNB Account Owner Phone #	Authorized Signer(s) for Payer Listed Above <i>(If Payer is an entity, please attach documentation showing authorized signers)</i>	
Type of Payment <input type="checkbox"/> Mortgage Payment - Investment Description/Ticker _____		Payer Address	
<input type="checkbox"/> Rent Payment - Property Address/Description _____		Payer Phone Number	

### 2. ACH Debit Authorization

I/We 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/our account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account. I/We acknowledge that the origination of ACH transactions to the account must comply with the provisions of U.S. law.

- One Time Payment Amount \$ \_\_\_\_\_
- Automated payments are to be debited from the following bank account on a periodic basis:
- Monthly  Quarterly Amount \$ \_\_\_\_\_ Beginning Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: If the beginning date above falls on a weekend or holiday, it will be processed the next business day.

NAME ON ACCOUNT \_\_\_\_\_

BANK NAME \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ ACCOUNT TYPE  Checking  Savings

TRANSIT/ABA # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

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

**By signing below, I agree to the following statements:**

- I/We are responsible for keeping sufficient cash available at the financial institution referenced above to fund requested automatic payments.
- I/We understand that this request may be cancelled by Community National Bank without prior notice if funds are insufficient.
- I/We understand that I/we will be responsible for returned ACH charges if funds are insufficient on the day of the debit shown above.
- If the account at the above-named institution is closed I/we 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/us of its termination in such time and such manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. I/We 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 Payer Title (if applicable) Date

Print Name of Payer \_\_\_\_\_

**ATTACH VOIDED CHECK HERE**