



CNB Account Owner's Name	
CNB Account # or Account Type	CNB Account Owner Phone #
Type of Payment <input type="checkbox"/> Mortgage Payment - Investment Description/Ticker <hr/> <input type="checkbox"/> Rent Payment - Property Address/Description <hr/>	

Name of Payer Authorizing Debit Entry
Authorized Signer(s) for Payer Listed Above <i>(If Payer is an entity, please attach documentation showing authorized signers)</i>
Payer Address
Payer Phone Number

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