



AUTHORIZATION FOR PREAUTHORIZED PAYMENTS

I/We authorize the COMPANY (named below) to initiate debit entries to my/our account at the DEPOSITORY (identified below), for the purpose of accomplishing the following preauthorized payments:

COMPANY NAME: EXCHANGE BANK & TRUST COMPANY ID _____

AMOUNT _____

An amount which may vary. If checked, the amount of the payment must not exceed \$ _____

I have the right to receive notice at least 10 days in advance of the due date of any payment of a varying amount. However, I choose to receive this notice ONLY when the amount of my payment falls outside of the following range: \$ _____ to \$ _____

Only when the amount of my payment differs from the most recent payment by more than \$ _____

FREQUENCY: Weekly Monthly Other _____

OPTIONAL: Effective date _____ Termination date _____

New Authorization Change to Previous Authorization

DEPOSITORY NAME: _____

BRANCH: _____ PHONE # _____

CITY: _____ STATE: _____ ZIP CODE: _____

ROUTING #: _____ Voided check attached

Account #: _____ Checking Savings

My/Our account will remain subject to its individual terms and conditions, which are not modified by this authorization. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

I/We understand that this authorization will remain in full force and effect until the termination date stated above or until the COMPANY has received written notification from Me/Us of its termination. At such time and in such manner as to afford the COMPANY and the DEPOSITORY a reasonable opportunity to act on request.

Name(s)(print) _____

Loan account # _____

SIGNATURE DATE SIGNATURE DATE