

NATIONAL INDEPENDENT
TRUST COMPANY

AUTHORIZATION AGREEMENT FOR ACH DEBITS

(All fields must be completed)

I (we) hereby authorize National Independent Trust Company to initiate **DEBIT** entries to my (our) ___Checking Account / ___Savings Account (*select one*) at the Depository Financial Institution named below and to credit the same to the National Independent Trust Company account on the **1st** or **15th** (circle one) day of the month. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

PLEASE READ BEFORE SIGNING

This authorization is to remain in full force and effect until NITC has received written notification from me of its termination in such time and in such manner as to afford NITC and the Depository Financial Institution a reasonable opportunity to act on it. If either account ever has insufficient funds to complete this request, the ACH authorization can be canceled by NITC without notification to you.

NAME(S): _____

SS #: _____ PHONE #: _____

NITC A/C #: _____ AMOUNT: _____

E-MAIL ADDRESS (for receipt if desired): _____

SIGNATURE: _____ DATE: _____

.....
Please attach voided check