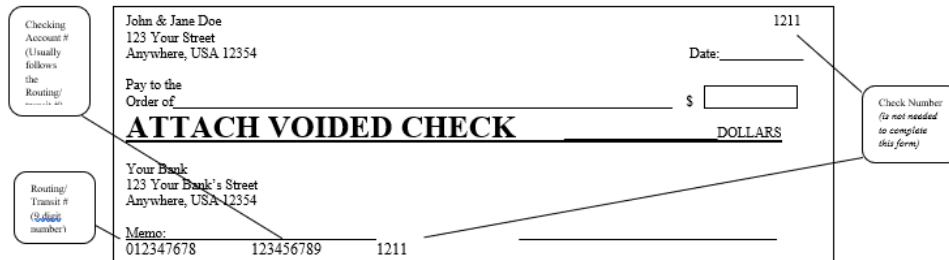




Summer Care Debit Authorization Form

I (we) hereby authorize \_\_\_\_\_, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) \_\_\_\_\_ (City, State) \_\_\_\_\_
(Routing Number) \_\_\_\_\_ (Account Number) \_\_\_\_\_ \_\_\_ Checking \_\_\_ Savings



Please attach a voided check to this form. Citizens State Bank will not process this request without a voided check.

Amount of payment: \$ \_\_\_\_\_ Start Date of ACH: \_\_\_\_\_

Frequency of ACH: \_\_\_\_\_ Number of Payments: \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such a time and manner as to afford COMPANY a reasonable opportunity to act on it. \*If it is a joint account, both parties need to sign.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\*If we currently have an ACH setup with you, and you want to keep the same, please only fill out the top line and information below check. We do not need a new voided check for file.