

**AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)**

Consumer Agreement

New ___ Change ___

I (we) hereby authorize Madison County Bank to initiate debit entries and to initiate, if necessary, any credit entries in error to my (our) account indicated below.

Customer Name _____

Financial Institution _____

Address _____

Routing Number _____

Account Number _____

Type of Account ___ Checking ___ Savings

Date of Debit ___ 5th and 20th of each month ___ 20th of each month

Beginning _____, 20__

And the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to my (our) account indicated below:

Financial Institution Madison County Bank
Address PO Box 650
 Madison, NE 68748
Routing Number 304972038
Account Name St. Michael's Church
Type of Account ___ Checking ___ Savings

This authority is to remain in full force and effect until St. Michael's Church has received written notification from me (or either of us) of its termination in such time and manner as to afford Madison County Bank a reasonable opportunity to act on it.

Date this _____ day of _____, 20__

Signed _____ Signed _____

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM!