First IC Bank

AUTOMATIC PAYMENT AUTHORIZATION

Account Holder: _____

TRANSFER FROM

Bank Name: _____

Account Type: _____

Account Number: _____

Routing Number: _____

Type of Transfer: ACH

Amount: Monthly Minimum

TRANSFER TO

Bank Name: First IC Bank

Account Type: Mortgage

Account Number: _____

INSTRUCTIONS

Beginning Date: _____

Frequency: _____

Fees: _____

Special Instructions: _____

AUTHORIZATION

I hereby authorize you to make the transfer(s) indicated above until further notice from me. If this agreement changes any prior authorization between you and me, and prior authorization is hereby cancelled, and I instruct you to follow this authorization. I further acknowledge that you have no responsibility to contact me when the above transfer(s) occur(s). I understand that I can call you to find out whether or not the transfer has been made. I understand that it is my responsibility to have sufficient funds available in my account on the transfer date(s) in order for you to make the automatic payment(s). I acknowledge that if sufficient funds are not available in my account to cover the amount of the transfer(s), the automatic payment(s) may not be made. I further acknowledge that {company name} will not be liable for any charges, including but not limited to, any charges related to items returned because of insufficient funds, or for any late charges or additional interest if this authorization is for automatic payment(s).

ACCOUNT HOLDER:

X_____ _____

Authorized Signer **Date**

***** Please attach a void check or a copy of void check *****

Bank Use Only:

Processed By: _____ Date:_____

Reviewed By: _____ Date: _____

Revised 11/2020