

Authorization for Automated Clearing House (ACH) Debits New Change existing

Print name as shown on Financial Institution records where deposit account is located

Bank Account Number

Name of Financial Institution

Bank Branch Office

Address of Financial Institution

City

State

Zip Code

TO THE NAMED FINANCIAL INSTITUTION: I (we) hereby request and authorize you to pay and charge to the above referenced account ACH Debits transmitted to that account by and payable to the order of the Queensborough National Bank and Trust provided there are sufficient funds in the account to pay the same upon presentation. I (we) agree that your rights in respect to each debit transmitted to you shall be the same as if it were an ACH Debit transmitted to you and signed personally by me (us). This authority is to remain in effect until revoked by me (or either of us) in writing; and until you actually receive such notice. I (we) agree that you shall be fully protected in honoring any such ACH Debit. I (we) further agree that if any such ACH Debit shall be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever.

Authorized Signature as per Financial Records

Date

Name on electric account to credit

Electric account number

Note: Please attach a voided check or copy to this authorization in the space below.

Planters EMC Office use only

BANK TRANSIT NBR		
BANK ACCOUNT NBR		
DRAFT NBR		
DRAFT CODE		
CYCLE NBR		
BANK ACCOUNT NAME		
MBRSEP#)	Electric Account Name	Notes