

**ACH AUTHORIZED AGREEMENT FOR TRANSFER**

I (we) hereby authorize **Flint Community Bank**, to electronically initiate entries to the financial institution indicated below. If necessary, I authorize electronic entries be made to correct erroneous entries to my (our)  Checking  Savings account (select one) indicated below and the bank named below. \_\_\_\_\_ (initial)

Debit / Credit

**BANK Name:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Account Name:** \_\_\_\_\_ **Type:**  D  S  L

**Flint Community Bank Account Information**

Debit / Credit

**Account Name:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Type:**  D  S  L

**Amount:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

This authorization is to remain in full force and effect until **Flint Community Bank** has received written notification from me (or either of us) of its termination or an end date is entered. I (we) agree that this ACH transaction complies with all applicable law.

**NAME:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
(If joint account)

**SIGNATURE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_  
(If joint account)

**Date:** \_\_\_\_\_

**NOTE:** Please attach a voided check to be used to verify routing transit and account number information

Bank Use:

Form completed by \_\_\_\_\_ Entered by \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_

Request to terminate

X \_\_\_\_\_ Date: \_\_\_\_\_