

Bridge of Hope

Authorization Agreement for Automatic Deposits

Name(s) _____

Social Security Number _____

I (we) hereby authorize First National Bank of Sioux Center, to initiate recurring monthly debit entries to my (our) **checking/savings (circle one)** account # _____ in the amount of \$ _____ beginning _____ (**1st or 15th only please**), and to initiate, if necessary, credit entries and adjustments for any debit entries made in error to my (our) Checking/Savings account as indicated above. I (we) authorize these funds to be deposited into the Bridge of Hope General Fund Account at First National Bank, Sioux Center, IA.

THESE FUNDS WILL BE DEBITED FROM THE DEPOSITORY INSTITUTION LISTED BELOW:

Depository Name: _____

Transit / ABA No.: _____

City: _____ State: _____ Zip Code: _____

Account Title _____

Account Number _____

This authority is to remain in full force and effect until First National Bank and the receiving Depository has received written notification from me (or either of us) of its termination and in such time and in such manner as to afford First National Bank and the receiving Depository Institution a reasonable opportunity to act on it.

All account holders must sign.

Date: _____ Signed: _____

Date: _____ Signed: _____

PLEASE ATTACH A COPY OF A VOIDED CHECK OR DEPOSIT SLIP FROM THE INSTITUTION TO BE ELECTRONICALLY DEBITED.