

① If your account is at a bank **other than** First Federal Bank, use this form.

First Federal Bank

Authorization Agreement
Direct Payments (ACH debits)

I (we) hereby authorize First Federal Bank _____ hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, so debit same to such account, I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution) (Branch)

(Address) (City-State) (Zip)

(Routing /Transit #) (Account #) (Account Type)

One time Transfer amount \$ _____

Recurring Amount \$ _____ / Range: Minimum NA Maximum NA

FREQUENCY Weekly Monthly Beginning Date _____ Ending Date _____

Recurring amount only:
This authority is to remain in full force and effect until COMPANY has received written Notification from me (or either one of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual name) (Individual ID number)

(Signature) (Date)

Keyed By: _____ Date: _____

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!