ACH Debit Authorization

THE CITIZENS BANK

Name or Company Name: _____

SSN or Company TIN: _____

I (we) hereby authorize,_____, hereinafter called Company, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same such account. I (we) acknowledge that 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 Number Account Number

Type of Account: _____ Checking _____ Savings

Amount: varies Frequency: Monthly on the 10th

This authority is to remain in full force and effect until Company has received written notification from me of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

_____
Print or Type Individual Name

_____ _____
Signature Date

Please Attach Copy of Voided Check to This Form