ACH Origination Agreement

Authorization Agreement for Direct Payments (ACH Debits)

I hereby authorize Twin Cedars Bank (the "Bank") to electronically debit my account (and, if necessary, electronically credit my account to correct erroneous debits) indicated below at the depository financial institution named below (the "Depository"), and to credit the same to my loan account. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law.

Depository Name:	
Account Type:	Checking ☐ Savings ☐
Routing Number:	
Account Number (to debit):	
Account Name (to debit):	
Dollar Amount:	
Recurring Entry Frequency:	

Credit to:

Start Date:	
Twin Cedars Bank Account Number (to credit):	

INTERNAL USE ONLY:

Input Completed Signature:		Date:
Cancellation Completed Signature:		Date:

I understand that this authorization will remain in full force and effect until I notify the Bank in writing at 201 Cornerstone Drive, Oskaloosa, IA 52577, that I wish to revoke this authorization. The Bank requires at least 3 business days' notice to cancel this authorization. It is my responsibility to have sufficient funds in my account on the transfer date. If funds are not available, the transfer may not be made. The Bank is not liable for charges or late fees resulting from insufficient funds or missed payments.

Signature:	**Date:**
Cancellation Signature:	**Date:**