

AUTHORIZATION FOR AUTOMATIC PAYMENT

I authorize **CITIZENS STATE BANK and the financial institution named below** to initiate entries from my account listed below. This authorization will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my statement or 60 days after posting, whichever occurs first.

Name _____
Address _____
Recurring Amount \$ _____
Date to Begin _____
Payment Schedule _____

Debit The Following Financial Institution:

Name of Financial Institution _____
Address of Financial Institution _____
Bank Routing Number _____
Bank Telephone Number _____
Account Name _____
Account Number _____

Signature _____

Credit The Following Financial Institution:

Name of Financial Institution **Citizens State Bank** _____
Address of Financial Institution **128 S. Main St, Arlington, SD 57212** _____
Bank Routing Number **091401919** _____
Bank Telephone Number **605-983-5594** _____
Account Name **Arlington Baptist Church** _____
Account Number _____

Signature _____