

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH ORIG)

Company Name: Holiday Lake Owners

I hereby authorize First State Bank of Lynnville, hereinafter called COMPANY, to initiate debit entries to my checking account indicated below at the depository financial institution named below on a regular basis. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

Depository Name: _____

Routing number: _____

Account Number: _____

(circle one) Savings or Checking

Amount to be transmitted: _____

How often this transaction occurs: _____

When would you like this payment to begin: _____

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

Name: _____

ID Number : _____

Date: _____

Signature _____