

MONTHLY UTILITY ONLY

Automatic Electronic Withdrawal Authorization Porter Township

Name of Customer: _____ (printed)

Customer 4 Digit Account # _____
(Monthly Fee \$57.00)

Customer Telephone # _____

Customer Email Address _____

I hereby authorize Horizon Bank, N.A. to initiate debit and/or credit entries to the account and the financial institution named below. I certify that I am either an owner and/or authorized on the external account, with unlimited withdrawal or deposit rights on the receiving depository financial institution's records, to originate transfers to or from the indicated account. I acknowledge the origination of Automated Clearing House (ACH) transactions to my account must comply with the provisions of U.S. law. I will notify Horizon Bank if the account is closed or my withdrawal rights are limited or removed so it may be deleted from future use. The intent is to have the offsetting entry for these transfers to be deposited to my checking account maintained at Horizon Bank N.A. I request the entries to occur in the following manner:

Choose a date: 1st _____ 5th _____ 10th _____ 15th _____ 20th _____ (This payment will come out each month on this date.)

Withdraw monthly, on the date checked above, beginning on the month of _____

Depository Financial Institution Name: _____

Depository Financial Institution Routing number: _____

Account number: _____

Account type: Checking Savings

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

Customer Signature _____

Date _____