# First State Bank

*of St. Charles, Missouri   Member FDIC*

## ACH and FSB Authorization Agreement

I hereby authorize First State Bank of St. Charles, Missouri to automatically draft funds from my bank account as detailed below:

Borrower: _____ EIN: _____

Address: _____

City, State, Zip: _____

Bank Name: _____   Acct #: _____

Routing #: _____   Type:  Checking: _____ Savings: _____

Draft Amount:  $ _____   Draft Date: _____

Draft Frequency: _____   Effective Date: _____

The above drafted amount will be applied as payments on loan # _____

This authorization is to remain in full force and effect until First State Bank of St. Charles, Missouri receives written notification from me terminating this authority in such time and manner as to afford First State Bank of St. Charles, Missouri and my financial institution a reasonable opportunity to act on it.

I agree to the terms stated above and I have received a copy of this agreement.

_____   _____
Borrower Signature                    Date        Borrower Signature                    Date

_____
Employee Signature                    Date

**(636) 940-5555 ♦ FSBfinancial.com**

206 North Fifth St. 63301 ♦ 1501 Old Highway 94 S 63303 ♦ 300 Woodlawn 63366 ♦ 3461 Technology Drive 63367 ♦ 17050 Baxter Road 63005