

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

CUSTOMER

NAME _____ TIN/SSN _____

I (we) hereby authorize FARMERS TRUST & SAVINGS BANK, hereafter called BANK, to initiate debit entries to my(our) Checking/Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same to such account.

DEPOSITORY

NAME _____ BRANCH _____

CITY _____ STATE _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until BANK and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BANK and DEPOSITORY a reasonable opportunity to act on it.

CUSTOMER

NAME(S) _____ ID# _____

SIGNED _____ DATE _____

SIGNED _____ DATE _____

DDA# _____ PAYMENT AMOUNT \$ _____

MONTHLY

PAYMENT DATE _____

ATTACH VOIDED CHECK HERE