

**ELECTRONIC FUNDS TRANSFER  
AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENT**

**DEBIT**

I/we hereby authorize Commercial Savings Bank to initiate (debit) entries to my/our account indicated below. I acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. Law.

Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Bank Routing/ABA No. (numbers at lower left of check) \_\_\_\_\_

Account Type (circle one)    **CHECKING**    SAVINGS

Account Number \_\_\_\_\_

Account Title \_\_\_\_\_

Amount of Monthly Withdrawal \$ \_\_\_\_\_

Day of Month for Withdrawal 5+11      Effective Date \_\_\_\_\_

This authority is to remain in effect until I/we provide notification that we wish to discontinue this withdrawal. Notification must be received 10 days prior to scheduled withdrawal date.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**CREDIT**

I/we hereby authorize Commercial Savings Bank to initiate (credit) entries to my/our account indicated below. I acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. Law.

Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Bank Routing/ABA No. (numbers at lower left of check) \_\_\_\_\_

Account Type (circle one)    **CHECKING**    SAVINGS    **LOAN**    PAYROLL

Account Number \_\_\_\_\_

Account Title \_\_\_\_\_

Day of Month for Deposit \_\_\_\_\_ Effective Date \_\_\_\_\_

This authority is to remain in effect until I/we provide notification that we wish to discontinue this withdrawal. Notification must be received 10 days prior to the scheduled withdrawal date.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\*  
ACH REPRESENTATIVE SIGNATURE

\_\_\_\_\_ DATE \_\_\_\_\_