

Direct Deposit Authorization

I (we) hereby authorize the Poplar Grove State Bank to debit entries to my (our) account indicated below and the Financial Institution named below, to debit same to such account. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Address)

(City-State)

(Zip)

(Routing/Transit Number)

(Account Number)

Type of Acct: ___Checking ___Savings

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

(Print individual name)

(Print individual name)

(Signature)

(Signature)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM