

102 E. DIVISION
P.O. BOX 609
FISHER, IL 61843-0609
PH: (217) 897-1136
FAX: (217) 897-1380



1501 E. OAK
P.O. BOX 710
MAHOMET, IL 61853
PH: (217) 586-1136
FAX: (217) 586-1138

fnb@fishernational.com

ACH ORIGATION FILE AUTHORIZATION

I, _____, hereby authorize The Fisher National Bank to perform debits on my behalf in the way of an ACH provided by a file I have created and maintained for Fisher National Bank's use. I acknowledge the origination of ACH transactions for these transactions must comply with the provisions of U.S. law. I wish to initiate debit entries by means of the Automated Clearing House Network pursuant to the rules of the National Automated Clearing House Association. Fisher National Bank is willing to act as an originating depository financial institution with respect to such entries.

AMOUNT TO BE TRANSFERRED \$ _____
FREQUENCY Weekly Monthly _____
EFFECTIVE DATE _____ TERMINATION DATE _____

FROM: ACCOUNT NO. _____ ACCOUNT TITLE: _____ _____	TYPE <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING <input type="checkbox"/> NOW <input type="checkbox"/> _____
TO: FISHER NATIONAL BANK ACCOUNT NO. _____ ACCOUNT TITLE: _____ _____ _____	TYPE <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING <input type="checkbox"/> NOW <input type="checkbox"/> INSTAL. LOAN PYMT. <input type="checkbox"/> MORT. LOAN PYMT. <input type="checkbox"/> SAFE DEP. FEE <input type="checkbox"/> CLUB ACCT. <input type="checkbox"/> _____

This authority is to remain in full force and effect until Fisher National Bank has received written notification from me of its termination in such time and manner as to afford Fisher National Bank and Financial Institution a reasonable opportunity to act on it.

Date File Received: _____

Date File to Be Sent: _____

Amount of File: \$ _____

Authorized Signature _____

FNB Employee Signature of Receiving File _____