ACH AUTHORIZATION AGREEMENT

DATE :

I hereby authorize The Bank of San Jacinto County to debit my account on the _____ of each month in the amount of _____, beginning_____.
The funds are to be disbursed via ACH as follows:

Debit: _____ (Cust. Name)

_____ (Cust Acct #)

_____ (Bank Name)

_____ (Bank ABA #)

Credit: _____ (Cust Name)

_____ (Cust Acct #)

The Bank of San Jacinto County (Bank Name)

113101524 (Bank ABA #)

_____
(Signature)

Date_____