



**Morton
Community
Bank**

Automatic Payment Instructions

Name of Payee _____

Address _____

Social/Security # N/A Phone # _____

Please Circle One:

Debit Credit Account # _____

Name and Address of Financial Institution:

Routing # _____

Please Circle One:

Final Debit Credit to Account # _____

Amount _____

Customer Signature _____

We, the designated financial organization, hereby agree to receive and deposit sums for the payee named herein. We understand that our account number shown for the payee named herein will be included as additional identification on individual payment credits to the payee's account. We understand that the payee named above has the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee. We agree to return all benefit payments that are not due to the payee promptly. We also agree to promptly notify the program agency listed above of any changes in our membership status as an Automated Clearing House (ACH) member institution.