

CONSUMER ACH DEBIT AUTHORIZATION April 2012

Ownership Name of Account I	being debite	ed:							
I (we) authorize <u>First Luth</u> institution listed below to initia debit entries in error to my:									
	☐ Checking	account	☐ Savings	account (select on	ie)			
for the delivery of products, se transactions to my (our) accou						originatio	on of ACI	4	
Depository Name:			5						
Branch:					•				
City, State, Zip code:									
Routing number:]			
Account number:									
Scheduled Payment Amount:Every						w often?			
notification from me (or either account and Stockman Bank a Changes to any terms, other the authorization form to be complete.	a reasonable	e opportunit <i>ble amount</i> s	y to act on it. as noted abo					-	
Name:Please Print					_				
Date: Sign	nature:						-		
Name:					_				
Date: Sign									
	nature:								
Revocation of above credit t						tion is to			
Signature:	transaction	<u>:</u> Date:		Da	e transac	tion is to			