

COMMUNITY STATE BANK

Credit Authorization

I (we) hereby authorize COMMUNITY STATE BANK, CEDAR BLUFFS, NE, hereinafter called the COMPANY, to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called the DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

COMMUNITY STATE BANK

Financial Institution Name

Branch

Address

City/State

104906880

Routing Number

Account Number

Type of Acct: _____ Checking _____ Savings

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Printed Individual Name

Signature

Printed Individual ID Number

Date