

COMMUNITY STATE BANK

Debit Authorization

I (we) hereby authorize _____ hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called COMMUNITY STATE BANK, to debit the same to such account for \$_____. 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

_____ Type of Acct: _____ Checking _____ Savings _____
Account Number

This authority 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 COMMUNITY STATE BANK a reasonable opportunity to act on it.

Printed Individual Name

Signature

Printed Individual ID Number

Date