

**AUTHORIZATION AGREEMENT for DIRECT PAYMENTS (ACH DEBITS)**

**Company Name: Farmers National Bank of Canfield    Company ID Number: 041209080**

I/We (select one) hereby authorize **FARMERS NATIONAL BANK**, hereinafter called **COMPANY**, to initiate debit entries to *my/our (select one)*

Checking Account       Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called **DEPOSITORY**, and to debit the same to such account.

I/We (select one) acknowledge that the origination of ACH transactions must comply with the provisions of U.S. law. I/We (select one) acknowledge that, if necessary, **COMPANY** may initiate credit entries and adjustments for any debit entries made in error to *my/our (select one)* account listed below.

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Dollar Amount: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

\*Start Date: \_\_\_\_\_ End Date/Count (select one) \_\_\_\_\_

Frequency:       Weekly       Monthly

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 in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

Name: \_\_\_\_\_ Envelope Number: \_\_\_\_\_  
(PLEASE PRINT)

Joint Name: \_\_\_\_\_  
(PLEASE PRINT)

Date: \_\_\_\_\_ Signature 1: \_\_\_\_\_

\*if applicable      Signature 2: \_\_\_\_\_

*\*To ensure Farmers' compliance with NACHA Rules, please designate a future Start Date providing not less than 10 Business Days from the date **COMPANY** receives this authorization form.*