



frontierbank

DEBIT AUTHORIZATION

I (we) hereby authorize _____ hereinafter called COMPANY, to initiate debit entries to my (our) account at the financial institution name below, hereinafter called FINANCIAL INSTITUTION, in the amount stated below.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. Law.

FINANCIAL INSTITUTION NAME

ADDRESS CITY/STATE ZIP

AMOUNT ROUTING NUMBER ACCOUNT NUMBER CHECKING SAVINGS

FREQUENCY EFFECTIVE DATE

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 7 days prior notice in order to cancel this authorization.

PRINTED NAME SIGNATURE DATE

PRINTED NAME SIGNATURE DATE

REVOKED ON _____ BY _____
DATE SIGNATURE PRINTED NAME