



---

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS**  
**Electronic Funds Transfer**

I hereby authorize Columbia State Bank to initiate entries to my (our)

**Debiting Account:**

**Financial Institution** \_\_\_\_\_

**Name on Account** \_\_\_\_\_

**Acct. Type** \_\_\_\_\_

**Routing Number or Attach a Voided Check** \_\_\_\_\_

**Account Number or Attach a Voided Check** \_\_\_\_\_

**Amount \$** \_\_\_\_\_

**Monthly Date for Withdraw** Circle One                      1<sup>st</sup> of the month                      10<sup>th</sup> of the month \_\_\_\_\_

**Effective Date** \_\_\_\_\_

**Termination Date** \_\_\_\_\_

**Description:** \_\_\_\_\_  
\_\_\_\_\_

This authorization is to retain in full force and effect until Columbia State Bank has received written notification from me (or either one of us) of its termination in such time and in such manner as to afford Columbia State Bank a reasonable opportunity to act on. In consideration of you providing this special service, I hereby agree that you shall not be responsible for error or omission in doing so.

**Signature of Debiting Customer X** \_\_\_\_\_

**Date** \_\_\_\_\_

**Authorization Revoked X** \_\_\_\_\_

**Date** \_\_\_\_\_