



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
Electronic Funds Transfer

I hereby authorize Columbia River 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 _____ **1st of the month** _____ **or** _____ **10th of the month** _____

Effective Date _____

Termination Date _____

Description: _____

This authorization is to retain in full force and effect until Columbia River 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 River 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 _____