

ACH Debit Authorization

I, the undersigned, hereby represent myself to be the owner or other authorized cosigner on the below listed account. I also hereby grant specific authorization for TnBank, its heirs, assigns or successors to debit my account via the Automated Clearinghouse (ACH) system as designated below. I understand and agree that this will automate the payments on the loan designated below, but does not relieve my obligations under that loan. I acknowledge that payment of the ACH debits may be refused if there are not sufficient funds in the designated deposit account at the time of presentment, and that my loan payment will be due and payable if returned by my depository bank. If the deposit account is a savings account not held at TnBank, I understand that this request may be refused due to circumstances beyond TnBank's control. If no termination date is specified, this authorization will remain in effect until terminated by either of us. You may terminate this authorization by giving us 15 days written notice at the address below.

Account holder name(s) _____

Checking Savings

Account number _____

--	--	--	--	--	--	--	--	--	--

Bank name _____

Bank routing number/
ABA number _____

Frequency to debit: Monthly Weekly Other _____

\$ _____
Amount to debit

Loan number to credit

Account holder signature _____

Account holder signature _____

Account holder signature _____

Note: If the account to be debited is of a type requiring multiple signatures ("Joe and Mary Smith" rather than "Joe or Mary Smith", or two or more signatures required accounts), obtain signatures for all required signatories.

A COPY OF THIS AUTHORIZATION SHOULD BE GIVEN TO THE CUSTOMER.

PLEASE ATTACH A VOIDED CHECK.