



First National Bank North  
P.O. Box 520  
Walker, MN 56484

## Authorization Agreement for ACH/Transfer Transactions

I (we) hereby authorize First National Bank North to initiate **debit/credit** entries to my (our) account(s) held at First National Bank North, and **debit/credit** the account at the financial institution indicated below. I (we) further authorize adjusting entries (reversals) to correct errors, if any. I (we) agree that I (we) shall indemnify and hold harmless First National Bank North from and against any and all claims, demands, losses, causes of action, and liability from this authorization. This authority will remain in effect until I (or either of us) notify the bank in writing at least **5 banking days** prior to the next settlement date. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I (we) agree to be bound by NACHA Operating Rules. I (we) acknowledge First National Bank North has the right to audit my compliance with NACHA Operating Rules and terminate or suspend this agreement for breach of NACHA Operating Rules.

New Transfer     Change to an existing ACH/Transfer

FNBN Account Holder Information		
Customer Name	Individual ID Number	
Account Number		
<b>Personal or Business</b>	<input type="checkbox"/> Personal Account <input type="checkbox"/> Business Account	
<b>Account Type</b>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan	
<b>Debit/Credit</b>	<input type="checkbox"/> Debit <input type="checkbox"/> Credit	
Account Holder Information ACH/Transfer going to/coming from		
Customer Name	Financial Institution	Individual ID Number
Routing Number	Account Number	
<b>Personal or Business</b>	<input type="checkbox"/> Personal Account <input type="checkbox"/> Business Account	
<b>Account Type</b>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<b>Debit/Credit</b>	<input type="checkbox"/> Debit <input type="checkbox"/> Credit	
Transfer Information		
Amount	Frequency of Transfer	Start Date/Day of Transfer
If this date falls on a Saturday, Sunday, or bank holiday, this transfer will automatically be made on the following business day. First National Bank North will make every effort to complete this transfer unless circumstances beyond our control prevent the transfer, despite reasonable precautions that we have taken. All terms and conditions of your account agreement apply to this agreement.		
Customer Authorization		
SIGNATURE OF FNBN CUSTOMER	PRINTED NAME	DATE
TWO PARTY TRANSFER		
SIGNATURE OF 2 <sup>ND</sup> PARTY	PRINTED NAME	DATE
Employee Name	Date Form Received	
TERMINATE		
SIGNATURE	DATE	PRINTED NAME
		EFFECTIVE DATE