

**AUTHORIZATION AGREEMENT FOR ORIGINATION**

\_\_\_\_\_ New Automatic Transfer                      \_\_\_\_\_ Increase Existing Transfer  
\_\_\_\_\_ Decrease Existing Transfer

\_\_\_\_\_  
Depository Name    Phone #    Social Security Number

Transfer From:

\_\_\_\_\_ Checking    \_\_\_\_\_ Savings

Account Number \_\_\_\_\_ Account Name \_\_\_\_\_

Institution Name \_\_\_\_\_ Routing # \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK**

Transfer To Account: \_\_\_\_\_  
(Account Type)    (Account Number)

Payment Option:

\_\_\_\_\_ Regular Monthly Payment                      \_\_\_\_\_ Semi-monthly Payment  
\_\_\_\_\_ Biweekly Payment

Transfer Amount \_\_\_\_\_

Transfer Date(s) \_\_\_\_\_ Transfer Starting Date \_\_\_\_\_

Reference: \_\_\_\_\_

Change Existing Transfer to (Date) \_\_\_\_\_

I (we) authorize the Institution to initiate debit entries to the account identified above in the section titles "Transfer From" and to debit the amount of each entry from this account for the purpose of completing the transfers described above. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law and the Operating Codes of the National Automated Clearing House Association. This authorization will remain in effect until the Institution receives written notice of revocation in a time and manner that affords the Institution and my (our) depository originator and the consumer's bank a reasonable opportunity to act on such notification. This authorization may be revoked only by sending written notice to Home State Bank, PO Box 429, Louisville, NE 68037, or FAXED to 1-402-234-2458.

\_\_\_\_\_  
Customer Signature(s)    Date

Cancel Transfer Authorization \_\_\_\_\_  
Date