



HORIZON BANK

ACH AUTHORIZATION FOR LOAN PAYMENTS (To debit an account at another institution)

Customer Name	_____	Social Security Number	_____		
Address	_____	City	_____	State	_____
Zip Code	_____	Home Phone #	_____	Business Phone #	_____
Horizon Bank Loan Account Number to be Credited	_____				
Amount	_____	Frequency	_____		
Beginning Date	_____	Ending Date	_____		

I (we) hereby authorize Horizon Bank, SSB to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Institution Name	_____				
City	_____	State	_____	Zip	_____
Bank Telephone Number	_____	Name on Account	_____		
Bank Routing Number	_____	Account Number	_____		

This authorization is to remain in full force and effect until Horizon Bank, SSB has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Horizon Bank, SSB and Depository a reasonable opportunity to act on it.

Name(s) _____ Social Security Number _____
Please Print

Signature _____ Date _____

PLEASE ATTACH A COPY OF A VOIDED CHECK FROM DEPOSITORY INSTITUTION