

## Internet Banking External Transfer Authorization

*This form is used to request that Horizon Bank add accounts from another financial institution's to a customer's Horizon online banking for the purpose of initiating ACH transfers between the user's accounts.*

### AUTHORIZATION AGREEMENT FOR EXTERNAL TRANSFERS

Name: \_\_\_\_\_

Company/User Login ID: \_\_\_\_\_ Customer No: \_\_\_\_\_

I (we) hereby authorize Horizon Bank, SSB to initiate ACH debit or credit entries to /from the checking or savings account(s) at the Depository Institution named below. I certify that I am the owner or authorized signer on the accounts and have unlimited withdrawal or deposit rights on the depository's records. I (we) acknowledge that the origination of ACH transactions between the accounts must comply with the provisions of the U.S. law. The debit will be for the transfer of funds between Horizon Bank, SSB and the accounts I maintain at the Depository Institution named below. I will notify the Bank if these accounts are closed or my withdrawal rights are limited or removed so it may be deleted from future use. The intent is to have the offsetting entry for these transfers to charges/debits to an account maintained at Horizon Bank, SSB

**TYPE OF REQUEST:**    Transfer to another depository    Transfer from another depository    Both

Depository/Institution Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_    Checking    Savings

Account Title: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CONTACT INFORMATION FOR INQUIRIES REGARDING THIS AUTHORIZATION

Best Contact Number: \_\_\_\_\_ Ext: \_\_\_\_\_

Email Address of Authorized Representative: \_\_\_\_\_

**\*\*\*NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THIS AUTHORIZATION\*\*\***

This authorization is to remain in full force and effect until the bank has received written notification from an authorized representative of the account of its termination in such time and in such manner as to afford the Bank reasonable opportunity to act.

### FAX SIGNED AUTHORIZATION TO (512) 637-5735

#### For Bank Use Only:

Input Date: \_\_\_\_\_ By: \_\_\_\_\_

Date Verified: \_\_\_\_\_ By: \_\_\_\_\_