

Ag Banking Online (ABOL) Bank Information Form for Online Payments and Withdrawals

Borrower Name:			
Bank Information			
Financial Institution:		Name on Bank Account:	
Routing Number:		Account Number:	
YOUR NAME HERE	1025		
123 MAIN STREET YOUR TOWN, STATE AND ZIP	DATE	☐ Checking	□ Savings
FAX 30 THE ORDER OF	DOLLARS 🖨 🚞		
**************************************	10 25		
Bank Routing Bank Account	Check		

This is to certify that I/we authorize and direct the Association to make/receive electronic transfers from/to the loan and funds held account(s) associated to the borrower listed above to/from my/our commercial bank account as indicated above (including any adjustments for entries made in error). This form applies only to transfers to and from the borrower's bank and the account(s) specified above. All Ag Banking Online (ABOL) transfers under this agreement are also subject to Association policies and procedures and the general terms and conditions of the loan and funds held account agreements establishing the account(s) listed above. If applicable, I/we expressly acknowledge the security procedures offered by the Association in connection with ABOL and hereby accept and agree to be bound by these security procedures. I/we further agree that all transfers requested will be for the business or agricultural purposes described in my/our loan application.

I/we jointly and severally accept responsibility for all electronic fund transfers made pursuant to this agreement. If applicable, I/we agree to pay the charges associated with the electronic funds transfer, which are described by the Association and authorize the Association to add the charges to the principal balance outstanding under my/our loan or funds held account(s). I/we further understand that these fees may change from time to time and that the Association will make available a revised fee schedule to reflect the changes in the ABOL fees.

I/we recognize my/our bank information listed above will be entered as it appears on this form. It is my/our responsibility to ensure my/our bank account number is correct and take full responsibility should there be an error with my/our bank account number.

This agreement is effective upon the date shown below and shall remain in effect for the term of the loan and will apply to all modifications, replacements, substitutions, extensions, and renewals of the loan. This agreement may be revoked by me/us at any time by written notice signed by the borrower(s) and delivered to the Association at its office in which the loan was made. I/we further understand and agree that the Association may terminate this agreement at any time by written notice addressed to me/us at my/our address on file in the Association's office.

Signature:	Date:	
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