

DEBIT AUTHORIZATIONS

I (we) hereby authorize First Community Bank, hereinafter called COMPANY, to initiate debit entries for _____ to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit 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.

(Financial Institution Name)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type of Acct: _____ Checking _____ Savings

(Amount of Transaction) (Date to start transaction)

Frequency of Transaction: _____ Monthly _____ Bi-Weekly _____ Annually
_____ Other: Frequency _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify First Community Bank by phone, mail to PO Box 295, Newell, IA 50568 or in person that I (we) wish to revoke the authorization. I (we) understand that First Community Bank requires at least 10 days prior notice in order to cancel this authorization.

(Print Individual Name) (Signature) (Print Individual ID Number)

(Print Individual Name) (Signature) (Print Individual ID Number)

(Date)

(Please Attach Copy of Voided Check to This Form)