The Company is required to obtain an authorization from its customer. The authorization must comply with applicable legal requirements, be readily identifiable as an authorization, and have clear and readily understandable terms. In addition, the authorization for a consumer debit must include minimum data elements as required by the Rules. A copy of the completed debit authorization must be provided to the signer. The Company must maintain all completed agreements for at least two years AFTER termination of the agreement.

## **DEBIT AUTHORIZATION**

also hereby authorize COMPANY to electronically cred	, ("COMPANY") to electronically debit my (our) account indicated below EPOSITORY"), and to credit the same to such COMPANY account identified below. I (we) dit my (our) account at DEPOSITORY and to debit the same to such COMPANY account y. I (we) acknowledge that ACH transactions I (we) authorize must comply with the H Rules.
Check One: □ New Authorization OR □ Change to	previous Authorization
Credit Information: Company Village of Lena	Account type:   loan /  _ other (specify)
Routing Number	Account Number
Name(s) on the Account	
Debit Information: Depository Name_	Account type: □ checking / □ savings / □ other (specify)
Routing Number	Account Number
Name(s) on the Account	
□ Consumer Account / □Non-consumer Account (se primarily for personal, family, or household use, and no This authorization is for □ Single Entry □ Multiple Entry	
	tiries = Recurring Entries (select one).
Amount Of Entry: monthly bill Start Date:	Number and/or Frequency: Monthly
<ul><li>(can be a range if a loan pmt)</li><li>If the amount is a range, check here if the account he specified range above.</li></ul>	older chooses to only receive notice of an amount change when the amount falls outside of the
A non-consumer accountholder agrees to be bound by This authorization is to remain in full force and effect a communication. I (we) understand that COMPANY recommunication.	NACHA Operating Rules.  Intil I (either of us) notify COMPANY of its termination by written and/or oral quires at least days prior notice in order to cancel this authorization.
Account holder signature:	Date:
COMPANY signature:(not required if FI is the O	Date:

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM.