AUTHORIZATION AGREEMENT FOR ACH DEBITS

I (we) hereby authorize Home State Bank, N.A. (hereinafter called "BANK") to electronically debit my (our) account through the Automated Clearing house (ACH) system at the Financial Institution identified below for payment of the below-referenced loan.

I (we) understand that transfers will be made on the due date of the loan payment, unless I (we) request a different day of the month and the BANK agrees to honor that request. If the due date (or other date requested) falls on a non-processing day for the BANK, the debit will be processed on the business day **before** the scheduled date. I (we) agree that the ACH transactions I (we) authorize comply with all applicable law.

PART 1: Loan Account with Home State Bank ("Transfer to")

Loan Account Name:	Loan Account Number:

PART 2: Other Financial Institution Information ("Transfer from")

Account Owner:	Account Number:
Account Type: ☐ Checking (*You must attach a voided check to the back of this form*) ☐ Savings (*You must attach a pre-printed deposit or withdrawal form or account statement*)	
Financial Institution Name:	ABA Routing Number:

PART 3: Payment Information

Amount of Loan Payment: ☐ Exact Amount of Payment Due* ☐ Other amount _____	Payment Frequency: ☐ Monthly, on the payment due date ☐ Monthly, on the _____ date of the month ☐ Other
*Notice of varying amounts**: If your regular loan payments vary in amount, we will inform you of the amount due at least 10 days before the due date.	Effective Date: _____

I (we) understand that this authorization will remain in full force and effect until the above-referenced loan is paid in full or I notify the BANK in writing that I (we) wish to revoke this authorization. (Written notice must be delivered to Home State Bank, N.A., Attention: Loan Operations, P.O. Box 1738, Crystal Lake, IL 60039-1738.) I (we) understand that the BANK requires at least 14 days prior notice in order to cancel this authorization.

Signature:	Date:
Printed Name:	

Accepted By:	Branch:	Date:
Input By:	Input Date:	Verified By:

ATTACH VOIDED CHECK HERE.

Requests cannot be processed without a voided check.