

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (CREDITS)
(Credit other Bank)

I authorize United Bank of Iowa, hereinafter called COMPANY, to initiate credit and to initiate, if necessary debit entries and adjustments for any credit entries in error to my account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

I understand that this authorization remains in effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable time to act on it.

CREDIT INFO

FINANCIAL INSTITUTION _____ TRANSIT / ABA NO. _____

CITY _____ STATE _____ ZIP _____

ACCOUNT NO. _____ Checking Savings Loan
(select one)

ACCOUNT HOLDER NAME _____ (Account being credited)

DEBIT INFO

Amoun _____ Start Date _____ to be made weekly, bi-weekly or monthly
(circle one)

Account Holder Name _____ DEBIT ACCT. NC _____

Signature _____ Date _____
(Account being Debited)

Name Printed: _____ Employee Initials _____

OFAC _____ (Initial)

If Recipient is non-customer

Scan to Data Processing

1-source-ACH for Direct Payments (Credits)