

**AUTOMATIC WITHDRAWAL FORM
AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

I/We authorize the Mid America Bank to initiate debit entries from my/our deposit account at the Depository Institution below ("Depository"), for the purpose of making monthly payments to OLOS Parish on the due date (as stated below). I/We authorize the Depository to accept debit entries to my/our account until it is canceled in writing by me (or either of us). Written notification of termination must be provided in sufficient time and in such manner as to allow Mid America Bank and the Depository a reasonable opportunity to cancel. Payment will be made on the date specified below, unless that date falls on a weekend or holiday, in which case the transaction will be made the following business day.

Depositor Name: _____ Telephone Number: _____

Bank Name: _____ Bank Routing Number: _____

Checking Account #: _____ Savings Account #: _____

Draft Date: _____ Date of First Draft: _____

Amount of Draft: _____

Frequency: Monthly _____ Weekly _____

I/We acknowledge receipt of an exact copy of the Authorization Agreement.

Signature

Date

Signature

Date

Mid America Bank must be in receipt of this original signed authorization. If automatic withdrawal is from a checking account, please attach a voided check or deposit verification letter. If automatic withdrawal is from a savings account, please attach a deposit verification letter. (If voided check or savings account slip is not attached, this agreement could be rendered null and void.)

Mid America Bank
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