

VISIONBANK
Consumer Authorization Agreement
for
Automated Clearing House ("ACH") Transactions
Today's Date:

NEW

CHANGE

DELETE

Bank Employee Name:

Customer Information

PORT NUMBER:	
BANK CUSTOMER NAME:	
BANK CUSTOMER NAME(2):	
BANK CUSTOMER STREETADDRESS:	
BANK CUSTOMER CITY / STATE / ZIP:	

Transaction Information

TRANSFER FROM:

Account Type:	
From ABA:	
From Bank Name:	
From Bank City / State:	
From Account Number:	
From Customer Name:	

TRANSFER TO:

Account Type:	
To ABA:	
To Bank Name:	
To Bank City / State:	
To Account Number:	
To Customer Name:	

Transaction Amount:	\$
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Transaction Frequency*:	
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Date of First Origination:	
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*Note: Debit Origination will occur on the date indicated in this agreement. Credit Settlement may take up to two business days from this date.

I (We) hereby authorize VisionBank ("Bank") to initiate Debit / Credit entries to my (our) account(s) as indicated below and the Financial Institution name below ("Financial Institution") to debit/credit the same to such account. I (we) agree to have available funds in my (our) account on the designated date to effect this transfer. I (we) agree to pay any applicable fees for this service as disclosed in the Fee Schedule. This authority will remain in effect until I (or either of us) notify the bank in writing at least one week prior to the next settlement date. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Customer Signature

Joint Account Customer Signature (if present)

Banker Signature

Date of Signatures (completed by banker)

NOTICE OF RELEASE
I hereby cancel the above described entry effective the date indicated below.
Signature
Date of Cancellation:

For Internal Use Only
Entered by / Rec'd by / Date:
Batch Number:
Misc: