BankPlus
Authorization for Automatic Payment

        I authorize BankPlus to initiate entries to my checking/ savings account. This authority will remain in effect until I notify in writing to cancel it, in such time to afford BankPlus a reasonable opportunity to act on it.

_____

(Name – Please Print)

_____

(Address)

Checking / Savings Account to be Debited _____

Financial Institution Name _____ Aba # _____

Checking / Savings Account with BankPlus to be Credited _____

Effective date of transfer _____   Amount $ _____
   (Note: Must be at least ten days from current date)

Customer Signature _____
   (Note: Must be signed by owner of account to be debited.)

Please attach a voided check for Bank Name and Aba Number verification.

_____

BankPlus Employee Name _____

Employee Location _____

Employee Ip Phone Number _____

_____

(Cut here for Customer's Record)

On _____ I authorized BankPlus to initiate electronic entries to my checking / savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with BankPlus at any time by writing to the following address:

BankPlus
Attn: ACH Department
P O Box 677
Belzoni MS 39038

Payment Amount $_____   Payment Date _____