



Authorization Agreement for Preauthorized ACH Debit Transfers

I (WE) HEREBY AUTHORIZE DART BANK TO INITIATE DEBIT ENTRIES TO MY (OUR) ACCOUNT AT THE FINANCIAL INSTITUTION NAMED BELOW. I (WE) ACKNOWLEDGE THAT THE ORIGINATION OF ACH TRANSACTIONS TO MY (OUR) ACCOUNT MUST COMPLY WITH THE PROVISIONS OF U.S. LAW.

NAME OF FINANCIAL INSTITUTION TO DEBIT _____

CITY _____ STATE _____ ZIP _____

ACCOUNT TYPE: CHECKING SAVINGS

ROUTING TRANSIT/ABA NUMBER _____ ACCOUNT NUMBER _____

Loan Payment-Recurring Transactions

THIS RECURRING TRANSACTION WILL OCCUR MONTHLY BEGINNING ON _____

REGULAR PAYMENT (INCLUDES ESCROWS IF APPLICABLE)

REGULAR PAYMENT **PLUS** ADDITIONAL PRINCIPAL AMOUNT. ADDITIONAL PRINCIPAL AMOUNT OF \$ _____

** It is my (our) understanding that a loan payment amount may change from time to time due to escrow or rate changes if applicable. I (WE)

FURTHER AUTHORIZE DART BANK TO CREDIT MY LOAN ACCOUNT

LOAN NUMBER «Loan Number 364» AT DART BANK AT THE SAME FREQUENCY AND DOLLAR AMOUNT. THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL DART BANK HAS RECEIVED WRITTEN NOTIFICATION AT LEAST ONE WEEK PRIOR TO PAYMENT DATE FROM ME (EITHER OF US) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD DART BANK A REASONABLE OPPORTUNITY TO ACT ON IT.

DART BANK ALSO HEREBY RESERVES THE RIGHT TO TERMINATE SAID DEBIT ENTRIES AT ANY TIME SHOULD THE ENTRIES BE RETURNED BY THE DEPOSITORY ON MORE THAN ONE OCCASION FOR REASONS INCLUDING, BUT NOT LIMITED TO, NON- SUFFICIENT FUNDS.

IT IS AGREED THAT THESE WITHDRAWALS MAY BE MADE ELECTRONICALLY AND UNDER THE RULES OF THE MICHIGAN AUTOMATED CLEARING HOUSE ASSOCIATION. I UNDERSTAND THAT PAYMENTS ARE PROCESSED MONDAY-FRIDAY, AND ANY RECURRING PAYMENT SCHEDULED FOR SATURDAY, SUNDAY, OR A FEDERAL HOLIDAY WILL BE PROCESSED THE FOLLOWING BUSINESS DAY.

Signature _____

Date _____

Printed Name _____

Signature _____

Date _____

Printed Name _____

ACCEPTED BY: _____

Date _____

Please return this form in one of the four following ways:

OR Email to: Operationsrequests@dartbank.com

With closing package **OR** mail to:

OR Fax to: 517-676-6759

Dart Bank

Attention Loan Operations

PO Box 40

Mason MI 48854

DB 253 8/2019

Scan to Data Processing

I DECLINE AUTOPAY SET-UP _____

Customer Signature