

Authorization to Draw ACH Debits/Credits for Transfer/Payment

Schedule H

Debit From Account #: _____ () DDA () SAV

Last Name: _____ First Name: _____ MI _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Credit To:

Recipient's Name: SS Peter & Paul Church

Name of Bank: Citizens Bank & Trust

Address: 322 7th Street

City: Boonville State: MO Zip Code: 65233

Transaction Type:

() Loan Payment (X) Funds Transfer () Other

Bank Routing #: _____

Bank Account #: _____ () DDA () Savings

\$ Amount: _____ Frequency: Monthly on _____

As a convenience to me, I hereby request and authorize you to pay and charge my account checks drawn on my account by and payable to the order of Citizens Bank & Trust, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check shall be the same as if it were a check drawn on you and signed personally by me. The authority is to remain in effect until revoked by me in writing, and until you actually receive such notice. I agree that you shall be fully protected in honoring my such check. I further agree that if any such check were dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in a loss to my account.

_____ Date _____, 20_____

Signature as shown on Bank Records

Attached voided check (for checking account) or deposit slip (for savings account) below: CBT/REV/12/06/042