

**Automatic Draft
Authorization Form**

WISDOM HERITAGE BANK
MEMBER FDIC



AUTOMATIC DRAFT AUTHORIZATION

DEBITING ACCOUNT INFORMATION

ACCOUNT NAME _____

FINANCIAL INSTITUTION _____

FINANCIAL INSTITUTION ADDRESS _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____
(MUST BE 9 DIGITS)

TYPE OF ACCOUNT: CHECKING () SAVINGS () LOAN ()

DEBIT AMOUNT _____ START DATE _____ END DATE _____

FREQUENCY: Monthly () Bi-Monthly () Quarterly () Other: _____

NUMBER OF DRAFTS _____

CREDITING ACCOUNT INFORMATION

ACCOUNT NAME _____

FINANCIAL INSTITUTION _____

FINANCIAL INSTITUTION ADDRESS _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____
(MUST BE 9 DIGITS)

TYPE OF ACCOUNT: CHECKING () SAVINGS () LOAN ()

By signing this form I hereby authorize Wisdom Heritage Bank to initiate debit entries on the above listed account and Financial Institute indicated above. This authority is to remain in full effect until your Company has received written notification from me of its termination in such time and manner as to afford your Company a reasonable opportunity to act on it.

SIGNATURE

DATE