

**AUTHORIZATION AGREEMENT
DIRECT PAYMENTS**

I (we) hereby authorize **PINNACLE BANK**, to debit entries from my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution)

(Address) (City, State) (Zip)

FROM:	_____	_____	
	(Routing/Transit Number)	(Account Number)	
Type of Account:	Checking	Savings	Loan
TO:	_____	_____	
	(Routing/Transit Number)	(Account Number)	
Type of Account:	Checking	Savings	Loan

Recurring Set Amount \$ _____ Beginning Date: _____

Recurring: Monthly Weekly Other: _____

One Time Transfer Amount \$ _____

This authority is to remain in full force and effect until PINNACLE BANK has received written notification from me (or either of us) of its termination in such time and manner as to afford PINNACLE BANK and FINANCIAL INSTITUTION a reasonable opportunity to act on it. Notifications should be sent to:

Pinnacle Bank
P. O. Box 430
Elberton, GA 30635

(Customer Name) (Customer Name)

(Signature) (Date) (Signature) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM