

Authorization For Automatic Transaction

I authorize _____ and First Farmers & Merchants Bank to initiate entries to my checking/savings accounts, and if necessary, debit entries and adjustments for any credit entries in error to my accounts. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it.

(Employee's Name - Please print)

(Address - Please print)

(Bank Name - Please print)

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(Bank Routing Number)
(Between these symbols | : | : on the bottom left of your check)

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(Checking Account Number)

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(Savings Account Number)

	Percentage (must total 100%)	or	Dollar Amount
<input type="checkbox"/> () Checking Account	_____		_____
<input type="checkbox"/> () Savings Account	_____		_____

Date

Employee's Signature