



1987 Spruce Hills Drive ~ Bettendorf, IA 52722 ~ Phone 563-359-4999 ~ Fax 563-823-4999

AUTHORIZATION FOR PREAUTHORIZED PAYMENTS

I/We authorize First Financial Group, L.C. to initiate debit entries to my account at the Bank (identified below), for the purpose of accomplishing the following pre-authorized payments:

_____ RECURRING PAYMENT: \$_____ per week / per month / bi-weekly commencing on _____. This amount may be adjusted by First Financial Group, L.C. from time to time as a result of any increase or decrease in taxes and insurance as provided for under our Agreements.

_____ SINGLE PAYMENT: \$_____ on _____, 20_____.

_____ OTHER PAYMENT: Any amount, which I/we may authorize in writing or by email or phone.

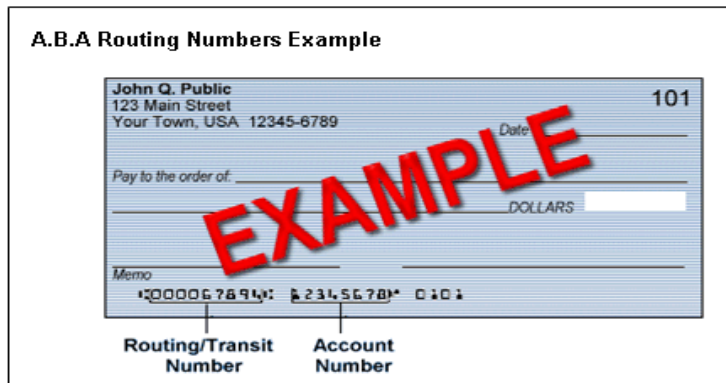
PROPERTY ADDRESS: _____

BANK NAME: _____

CITY: _____ STATE: _____ ZIP _____

ABA ROUTING NUMBER: _____ (Voided check/deposit slip attached)

ACCOUNT NUMBER: _____ CHECKING SAVINGS



My/Our account will remain subject to its individual terms and conditions, which are not modified by this authorization. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law. I/We understand that this authorization will remain in full force and effect until the termination date stated above or until First Financial Group, L.C. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford First Financial Group, L.C. and the Bank a reasonable opportunity to act on it. In the event that such funds are unavailable in my account on the specified date, I agree to pay an insufficient funds charge of \$25.00 plus any late fees due.

Name(s) on Account: _____

Signature _____ Date _____

Signature _____ Date _____