



First Neighbor Bank, N.A.
"Superior financial services with a local touch"

Automatic Payment Authorization

Name: _____ Phone Number: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Financial Institution Name: **First Neighbor Bank** Transit/ABA#**071109082**
 Financial Institution Address: _____
 Bank Account Number*: _____ checking account savings account
 Vendor Account Number: _____

I (we) authorize (vendor name) _____ and First Neighbor Bank to initiate variable entries to my checking/savings. This authorization will remain in effect until I notify (prepopulate from blank #1) in writing to cancel it in such time as to afford (prepopulate from a reasonable opportunity to act. Also I agree that I remain obligated to pay for these services in the event that a charge to my account is dishonored, for whatever reason, and that (prepopulate from blank #1) retains its normal collection rights.

Signature: _____ Date: _____
 Second Signature (if joint account): _____

*Include voided check or deposit slip with this form when sending to vendor

First Neighbor Bank, NA
 201 N. Meridian
 PO Box 127
 Toledo, IL 62468

First Neighbor Bank, NA
 1414 W. 18th Street
 PO Box 500
 Charleston, IL 62420

First Neighbor Bank, NA
 223 E. 6th Street
 PO Box 340
 Neoga, IL 62447

First Neighbor Bank, NA
 107 NW 1st Street
 PO Box 369
 Casey, IL 62420

First Neighbor Bank, NA
 705 E. Cumberland
 PO Box 217
 Greenup, IL 62428

First Neighbor Bank, NA
 511 S. Broadway
 PO Box 410
 Newman, IL 61942-0410