



**AUTHORIZATION AGREEMENT
FOR DIRECT PAYMENTS**

Company Name: PCSB Bank

Company Tax ID #: 42-0454260

I (we) hereby authorize **PCSB Bank**, hereinafter called COMPANY, to initiate debit/credit entries to my (our)

- Checking Account
- Savings Account

Indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit/credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Account Information To Credit

(Please Print)

Bank PCSB Bank
 City Clarinda State IA Zip 51632
 R/T# 073902390 Account Type Checking Acct # 5118922

Amount \$ Amt of gift (same as below)

Account Information To Debit

(Please Print)

Bank Your Bank
 City Your bank's city State Bank state Zip Bank Zip
 R/T# Your R/T # Account Type Checking Acct # Your Acct. #

Frequency weekly/bi-weekly/monthly Start Date date End Date date or blank

Amount \$ Amt of gift (same as above)

*Amounts
MUST
MATCH*

*to keep it
ongoing. can be
ended at any time*

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name Your Name Signature Joe Schmo Date date

Name Name if joint account Signature _____ Date _____

Clarinda
1201 S 16th St
Clarinda, IA 51632

Creston
501 W Taylor St
Creston, IA 50801

Corning
527 Davis Ave
Corning, IA 50841

Lenox
210 N Main St
Lenox, IA 50851

Mt. Ayr
904 E South St
Mt. Ayr, IA 50854