

DIRECT WITHDRAWAL AUTHORIZATION AGREEMENT

COMPLETE THE ITEMS BELOW AND RETURN TO THE HARDING DAHM OFFICE AT 118 EAST LUDWIG ROAD, SUITE 100, FORT WAYNE, IN 46825 OR FAX TO 424-1077.

CUSTOMER NAME _____

ADDRESS _____

PHONE _____ AMOUNT OF TRANSFER _____

START DATE _____ HOW FREQUENT _____

I hereby authorize **NAI Harding Dahm**, through _____ BANK, to initiate debit entries and to initiate, if necessary, entries and adjustments for any errors or returns to my (our) account indicated below.

DEBIT ACCOUNT INFORMATION:

BANK NAME _____ CITY _____

ROUTING TRANSIT/ ABA# _____ STATE _____ ZIP _____

ACCOUNT # _____ TYPE OF ACCOUNT _____

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

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

TAPE YOUR VOIDED CHECK HERE

I (we), _____ decline to participate in the direct withdrawal program.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

~~~~~BANK USE ONLY~~~~~

EMPLOYEE INITIALS \_\_\_\_\_

ADDITIONAL REMARKS: \_\_\_\_\_

**TO BE COMPLETED BY DEPOSIT SERVICES DEPT:**

ENTERED BY \_\_\_\_\_ DATE \_\_\_\_\_