AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
-ACH DEBITS-

I (we) hereby authorize Farmers & Merchants Savings Bank, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

_____ _____
Depository Institution Name Branch

_____
Address City/State Zip

Type of Account _____Checking
Routing Number Account Number _____ Savings

Amount Beginning Date Frequency

This authority 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 manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

_____ _____
Printed Name SSN

_____ _____
Signature Date

***Note: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

Credit Account Number:

Customer Name: