

**KENTUCKY FARMERS BANK**  
**ACH CONSUMER DEBIT AUTHORIZATION**  
*Direct Payment Enrollment for Recurring Loan Payment\**

**ATTENTION ORIGINATOR:** *A copy of this authorization must be provided to the consumer. You must also retain a copy of this authorization (either a hard copy or an electronic copy) for two (2) years from the date that the consumer terminates this authorization.*

Customer Name \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Daytime Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
KFB Loan Number \_\_\_\_\_ Effective Date \_\_\_\_\_  
Payment Amount \_\_\_\_\_ Day of Month for Payment \_\_\_\_\_

Please deduct my Direct Payment from my account as follows:

Name of Financial Institution \_\_\_\_\_  
Name on Account \_\_\_\_\_  
Routing Number \_\_\_\_\_  
Account Number \_\_\_\_\_

Check One  
 Checking Account  
 Savings Account

I authorize **Kentucky Farmers Bank** to deduct my payment monthly from the account listed above. I understand that if I decide to discontinue this payment plan I will notify the company named above in writing at the following address:

**Kentucky Farmers Bank**  
**6313 US Route 60**  
**Ashland, KY 41102**

Signature \_\_\_\_\_  
Date \_\_\_\_\_

*\*NOTE: Requests to cancel automatic processing of ACH must be made at least 2 days prior to the scheduled date in order to stop the transaction.*