

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.*