

**ACH AUTHORIZATION FORM
ELECTRONIC TRANSFER OF**

ACH STAFF USE ONLY
Input by: _____

I/We, _____ / _____, authorize and
(Please Print) (Please Print)
direct Farmers & Merchants Bank (FMB) to complete the following transfer of funds as stipulated below.

Fees: Setup: \$10.00 Change: \$2.00 each

No charge for cancellation of transfer, transfers for donation or loan payments made to FMB

Effective Date: _____ Termination Date: _____

Amount: _____

Frequency: Weekly Monthly Other (Please Explain) _____

Transfer To:

ABA #: 104903362

Bank Name: Farmers & Merchants Bank

Name on Account (Receiving person): Village of Beaver Crossing

Account Number: _____ Savings Checking Loans

Transfer from:

ABA #: _____

Bank Name: _____

Name on Account (Sending Person): _____

Account Number: _____ Savings Checking Loans

All accounts are subject to their individual terms and conditions, which are not modified by this authorization. **If a transfer is made from a savings account, FMB retains the right to require not less than 7 days written notice of withdrawal.** A transfer of funds from a non-interest bearing transaction account to an interest bearing account may result in transferred funds no longer being eligible for unlimited deposit insurance. Transferred funds would be insured under FDIC's general deposit insurance rule of at least \$250,000.

If no termination date is specified above, this authorization will remain in effect until terminated by any one of those listed on this form. It may be terminated by giving FMB written notice 15 days prior to the effective date. The written notice must be mailed to the address below.

Signature: _____ Date: _____

Signature: _____ Date: _____



617 - 1st Street
402.761.7600
P.O. Box E
400 711 2115

Phone:

FAX: