Revised 2/2018

## THE BANK OF VERSAILLES

## **ACH ORIGINATION AUTHORIZATION**

I authorize The Bank of Versailles to initiate an ach transfer entry to my (our) account indicated below and the depository financial institution named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.

I understand that there will be a \$5.00 charge for Same Day transfers, the dollar limit is \$100,000 per transfer, and that transfers must be on the system by 1 pm to qualify for same day ach transfer.

Transit Bank Name		
Routing Number		-
Account Number		
Name on Account		
Credit or Debit	Checking or	Savings
Amount of Transfer \$	Date of Transfer	<del></del>
One Time or Recurring	Frequency if Recurr	ng
(If payment date falls on a weekend or holiday, your	transaction will be poste	d the next business day)
BOV Account Number		
Name on Account		
Customer Signature to Authorize Transfer _		
Date	Employee Signature	2
By signing below, I authorize future transfer the day of the transfer. After 1pm, the trancustomer shall provide the bank with reason	sfer will post the nex nable advanced notic	t day. To stop Recurring Transfers, the
payment in order for the bank to revoke thi Customer Signature for Recurring Authoriza		
Castomer Signature for necarring Authoriza		