Authorization For Automatic Transaction

I authorize _____ and First Farmers & Merchants National Bank to initiate entries to my checking/savings accounts, and if necessary, debit entries and adjustments for any credit entries in error to my accounts. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it.

_____
(Employee's Name – Please print)

_____
(Address – Please print)

_____
(Bank Name – Please print)

(Bank Routing Number)
(Between these symbols ⑆: ⑆: on the bottom left of your check)

(Checking Account Number)

(Savings Account Number)

	Percentage (must total 100%)	or	**Dollar Amount**
( ) Checking Account	_____		_____
( ) Savings Account	_____		_____

_____ _____
Date Employee's Signature