

Authorization Agreement For ACH Transfer

Company Name: **Regent Bank**
105 N. Maple - PO Box 432
Nowata, OK 74048

Company ID Number: **73-0376185**

I (we) hereby authorize **Regent Bank**, hereinafter called COMPANY, to make the following transfer of funds and, if necessary, correcting entries for any error to my (our) accounts indicated below.

If the transfer date falls on a weekend or holiday when Regent Bank is closed the transfer will take place on the preceding business day to the transfer date. Example: If the transfer date falls on Saturday or Sunday, funds will transfer on the preceding Friday.

Frequency:

- Weekly
 Monthly
 Other _____

Amount to be Transferred \$ _____

Effective Date _____

Termination Date _____

<i>From Debited Account</i>	<i>To Credited Account</i>
Bank Name	Bank Name
Routing #	Routing #
Account Title	Account Title
Account #	Account #
<i>Type:</i> <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	<i>Type:</i> <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other <input type="checkbox"/> Installment Loan Payment <input type="checkbox"/> Mortgage Loan Payment <input type="checkbox"/> Other

My/Our account will remain subject to its individual terms and conditions, which are not modified by this authorization. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

I/We understand that this authorization will remain in full force and in effect until the termination date stated above or until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and the DEPOSITORY a reasonable opportunity to act on it.

Name _____
Please print

ID Number _____

Name _____
Please print

ID Number _____

Signed _____

Date _____

Signed _____

Date _____

I (account holder/s) authorize Regent Bank to terminate the ACH listed above.

Name _____
Please print

Signed _____

Name _____
Please print

Signed _____

Date _____