



P.O. Box 130
Beaver Dam, WI 53916
Phone: 920-885-2700

Direct Deposit Authorization Form

AUTHORIZATION AGREEMENT

I (We) hereby authorize Ambanc Financial Services, Inc. to initiate automatic deposits to my (our) account at the financial institution named below. I also authorize Ambanc Financial Services Inc. to make withdrawals from this account in the event that a credit entry was made in error.

Further, I (we) agree to not hold Ambanc Financial Services, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me (us) or by my (our) financial institution or due to an error on the part of my (our) financial institution in depositing funds to my (our) account.

This agreement will remain in effect until Ambanc Financial Services, Inc. receives a written notice of cancellation from me (us) or my (our) financial institution, or until I (we) submit a new direct deposit form.

IMPORTANT: ALL INFORMATION IS REQUIRED

Shareholder Name(s)
as they appear on certificate: _____

Name of Financial Institution: _____

Financial Institution Address: _____

9-Digit Bank Routing Number: _____

Bank Account Number: _____

Account Type (check one): Checking Savings

SIGNATURE(S)

The signer(s) hereby agrees to the terms of the Direct Deposit Authorization Statement printed above

Signature: _____ Date: _____

Signature _____ Date: _____
(If Held Jointly)

**Please attached a voided check or deposit ticket to this form
and return to Ambanc Financial Services, Inc. at the address shown above.**