

**ELECTRONIC FUNDS TRANSFER
PRE-ARRANGED
AUTHORIZATION/AGREEMENT**

SSN _____ Date: _____

Name _____

I (we) hereby authorize FirstNet, First Citizens Bank, P.O. Box 988, Radcliff, KY 40159, agent for my (our) creditor, named below, to initiate debit entries to my (our) bank account indicated below, further, I (we) authorize the financial institution named below, to debit the same account on the date indicated below.

Monthly Debit \$ _____ Total DMP Amount: **OPEN** Start Month _____ Draft/Debit Date: 4th, 8th, 17th, 30th Year _____
(Inclusive of \$1.25 Fee) (circle one)

This authority is to remain in full force and effect until the contract amount has been reached or FirstNet, First Citizens Bank has received written notification from the undersigned of its termination in time to afford reasonable opportunity to act.

A customer has the right to stop a debit entry by notification to their FINANCIAL INSTITUTION prior to charging account. A customer has the right to have an erroneous debit recredited to his/her account in accordance with the provisions of Federal Reserve Board Regulation E - Electronic Funds Transfer.

FINANCIAL INSTITUTION:

Bank Name: _____

Address: _____

Signed _____

ABA Routing Number: _____ Account Number: _____
(Note: Bank information may be left blank if a voided check or deposit slip is attached)

Creditor ClearPoint Financial Solutions, Inc.

Checking Savings

Code # 11111111 Sub Code # _____

FirstNet

