



ACH ORIGINATION

New ACH

Supersedes existing ACH

Account to be CREDITED

Frequency:

Amount

Start Date

Monthly

Dates if semi-monthly:

Financial Institution Information:

American Midwest Bank

Financial Institution Name

07192-4063

Financial Institution Routing No.

1985 DeKalb Ave, Sycamore, IL 60178-9935

Financial Institution Address

Customer/ Company Information:

Network of Nations

Customer/ Company Name

Checking Account No.

Savings Account No.

Institution Loan No.

Account to be DEBITED

Financial Institution Information:

Financial Institution Name

Financial Institution Routing No.

Financial Institution Address

Customer/ Company Information:

Customer/ Company Name

Checking Account No.

Savings Account No.

Institution Loan No.

I authorize the American Midwest Bank and the financial institution named above to initiate entries to my account as indicated above. This authority will remain in effect until I notify you in writing to cancel the entries in such time as to afford the financial institution 3 days before my account is charged.

Customer Signature

Date

Officer's Initials

Revised 11/21/11

\*\*\*Customer must bring in voided check to attach to ACH form