



Automatic Bill Payment Authorization Form

Company Information

Company Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Account number: _____ Phone: _____

Customer Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Bank Information

First State Bank of Bloomington
204 N. Prospect Rd.
Bloomington, IL 61704

Routing Number: 071124371

My First State Bank of Bloomington Account Information:

Account Type: ☐ Checking/Money Market ☐ Savings

Account Number: _____

Amount to Pay: ☐ Full Amount Due ☐ Minimum Amount Due ☐ Other \$ _____

- If this form is not sufficient to establish or change the automatic payment, please forward the authorized form to me at the address above.

Customer Authorization:

Effective immediately, I authorize and direct the Company to initiate debit entries to my First State Bank account(s) listed above. This authorization shall remain in effect until the Company receives written notice of termination by me to afford the Company a reasonable time to act upon it. I acknowledge that the origination of the ACH entries must comply with U.S. law.

Customer Signature: _____ Date: _____