

## Automatic Payment (ACH) Authorization Form

I/We hereby authorize Utah Community Bank to initiate entries to my/our account at the Financial Institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error.

This authority will remain in effect until Utah Community Bank is notified by me/us in writing to cancel it in such time as to afford Utah Community Bank and the Financial Institution listed below, a reasonable opportunity to act upon any cancellation.

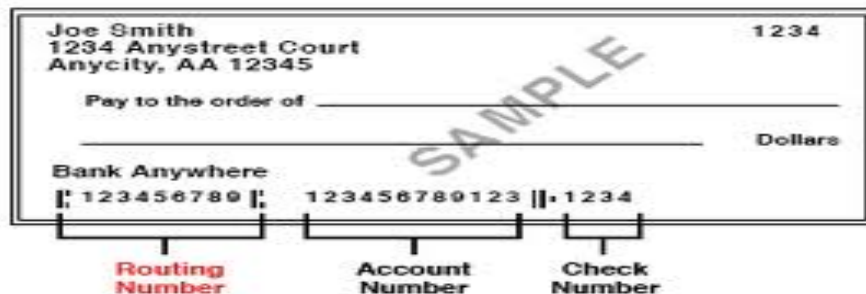
Name of Financial Institution \_\_\_\_\_

Address (Branch, City, State, & Zip) \_\_\_\_\_

Telephone Number \_\_\_\_\_

Borrower's Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_



Please select account type (select only one)     Checking     Savings

**Please include a voided check for checking accounts or a voided savings withdrawal for savings accounts**

Day of Month for withdrawal (1-28) \_\_\_\_\_ Amount \$ \_\_\_\_\_

UCB Loan Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Please check that you have included:**
- Automatic Payment (ACH) Authorization Form
  - Voided check or savings withdrawal slip
  - This Month's Loan Statement
  - This Month's Payment

Mail all the items in the checklist to :

Utah Community Bank  
 820 East 9400 South  
 Sandy, UT 84094  
 Fax: 801.545.6099  
 Phone: 801.545.6000