

**Business Request to Add an External Account**  
**EXTERNAL ACCOUNT AUTHORIZATION**

Business External Transfers are only available for the transferring of funds between your business account at Itasca Bank & Trust Co. and your business account at another financial institution. The ownership of both accounts must be the same.

**Section 1 - TRANSACTION TYPE**

Check the applicable transaction and complete the sections indicated

- Add an account                    { Complete Sections 2 and 3  
 Remove an account                { Complete Sections 2 and 4

**Section 2 - PARTY IDENTIFICATION** *(business information)*

Tax ID Number: \_\_\_\_\_  
 Online Banking Login ID: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Section 3 - AUTHORIZATION AGREEMENT FOR ELECTRONIC TRANSFERS**

I (we) hereby authorize Itasca Bank & Trust Co. to initiate *(select one or both)*                    **\$50,000 limit per transfer - \$2.00 per transfer**

- Credit entries *(transfers to)*                 Debit entries *(transfers from)*

and to initiate, if necessary, entries and adjustments for any entries in error to my (our)

- Checking account                 Savings account                 Loan account *(credit entries only)*

indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Routing #: \_\_\_\_\_  
 Account "Nickname": \_\_\_\_\_ Account #: \_\_\_\_\_

This authority is subject to approval of Itasca Bank & Trust Co. and will remain in full force and effect until Itasca Bank & Trust Co. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Itasca Bank & Trust Co. and DEPOSITORY a reasonable opportunity to act on it. I/we as an authorized agent of this business, certify that this transfer is being made to/from the same business entity account at another financial institution and to no other named person or business.

Name(s): \_\_\_\_\_

Date: \_\_\_\_\_

*Signature* \_\_\_\_\_ *Signature* \_\_\_\_\_

\* \* \* **Please attach a voided check or preprinted bank form** \* \* \*

**Section 4- CANCELLATION**

I, as an authorized agent of the business, hereby cancel the authorization to do electronic transfers to or from the following account:

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

*Signature* \_\_\_\_\_ Date: \_\_\_\_\_