



Consumer Request to Add an External Account
EXTERNAL ACCOUNT AUTHORIZATION

Business External Transfers are only available for the transferring of funds between your personal account at Itasca Bank & Trust Co. and your personal 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 (*your information*)

Social Security Number: _____
 Internet Login ID: _____
 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*) \$2,500 limit 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 certify that this transfer is being made to my/our 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 hereby cancel the authorization to do electronic transfers to or from the following account:

Routing #: _____ Account #: _____

Signature _____ Date: _____