

# Automatic Transfer Authorization Loan

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**Lender**

Community First Bank  
PO Box 6919  
8131 W Grandridge Ave  
Kennewick, WA 99336

**Borrower**

Borrower  
Co Borrower

Loan: #

I authorize the “*Company*” (named below) to initiate debits, and any credits necessary to correct errors, to complete the following payments from my account at the “*Depository*” (identified below):

**Company Name:** Community First Bank

**Total Payment:** \$

**Principal:** \$

**Day Posted:**

**Community First Transfer:**  **ACH:**

**Authorization Type:** New

**Depository Name:**

**Routing No.:**

**Account No.:**

**Insufficient Funds:** If my account does not have a sufficient balance on a day that the Company initiates a debit from the account, the Company may, at the Company's option, terminate this Authorization upon notice to me. If a payment fails due to insufficient funds, the Company may suspend further efforts to debit my account and look to me for the payment and any other payments that may be due.

In no event will availability of any credit line that I may have with the Depository be used in determining whether my account has a sufficient balance.

**Non-processing Day Policy:** If my payment due date falls on a non-business day or a holiday, the Company will process the payment on the next day the Company is open for regular business.

**Revocation:** I understand that this authorization will remain in full force and effect until the termination date stated above or until the Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Company and the Depository a reasonable opportunity to act on it.

**My account will remain subject to its original terms and conditions, which are not modified by this authorization. I acknowledge that the origination of these transactions must comply with the provisions of U.S. law.**

**Borrower**

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**Borrower**

**Date**

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**Co-Borrower**

**Date**