



EVERGREEN AUTO-PAY

Name _____ Social Security No _____
 Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Business Phone _____

Account No. _____ Account Type _____
 Amount: Minimum Payment Due
(Select One) Other Amount _____ Start Date _____
 Payment Date: Original Due Date
(Select One) Other Date _____ Frequency _____
 Ending Date _____

I (we) hereby authorize Evergreen Bank Group, to initiate debit entries to my (our) CHECKING SAVINGS (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to 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 Institution Name _____
 City _____ State _____ Zip _____
 Bank Phone Number _____ Name on Account _____
 Bank Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until Evergreen Bank Group has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Evergreen Bank Group and Depository a reasonable opportunity to act on it.

Name(s) _____ Social Security No. _____
 (Please Print)

Signature _____ Date _____

PLEASE ATTACH A COPY OF A VOIDED CHECK FROM DEPOSITORY INSTITUTION

Input _____ Ext. _____ Date _____
 Verified _____ Ext. _____ Date _____