CONSUMER AUTHORIZAION FOR DIRECT DEPOSIT VIA ACH (ACH CREDITS)

Check all that apply: ☐ Begin Deposit (Fee applies) ☐ Change Information (Fee applies) ☐ Split among Multiple Accounts (Additional fee for this service) • I have provided information for each of my accounts below.
I (we) hereby authorize Timberland Bank to electronically credit my (our) account (and, if necessary, to electronically debit me (our) account to correct erroneous credits) I (we) agree that ACH transactions I (we) authorize comply with all applicable law.
Account #1 (Select one) Please provide voided check ☐ Checking Account ☐ Savings Account at the depository financial institution ("depository") named below.
Depository Name
Routing Number Account Number
Name(s) on Account
Amount of Credit (Mult. Accts. Only)Monthly Disbursement Y or N If N, explain
Account #2 (Select one) Please provide voided check ☐ Checking Account ☐ Savings Account at the depository financial institution ("depository") named below.
Depository Name
Routing Number Account Number
Name(s) on Account
Amount of Credit (Mult. Accts. Only)Monthly Disbursement Y or N If N, explain
Account #3 (Select one) Please provide voided check ☐ Checking Account ☐ Savings Account at the depository financial institution ("depository") named below.
Depository Name
Routing Number Account Number
Name(s) on Account
Amount of Credit (Mult. Accts. Only)Monthly Disbursement Y or N If N, explain
I (we) understand that this authorization will remain in full force and effect until I (we) notify Timberland Bank in writing that I (we) wish to revoke this authorization. I (we) understand that Timberland Bank requires at least 5 days prior notice in order to cancel this authorization.
Name(s) Please Print
Signature(s) Date
Signature(s) Date