## ACH AUTOMATIC TRANSFER AGREEMENT AND AUTHORIZATION

(For Recurring Incoming Transfers you must allow 5 business days to initiate)

## **FRONTIER CUSTOMER INFORMATION**

Name		
Account Number	Account Type	
Amount CREDIT DEBIT	Beginning Date	
	New PIM Transaction	
	Changing Existing Batch Batch#	
Description for Statement:		
Origination Frequency:		
Monthly Weekly	Bi-Weekly Other:	
On the	of every month <u>OR</u>	
	n the following day of the week:	
MondayTuesday	Wednesday Thursday Friday	
hereinafter call Depository, and to debit the san		
	H transactions from my (our) account must comply with the provisions of U.S. anking day prior to the date if the date falls on a weekend or holiday.	
This authority shall remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination a minimum of 10 days in advance, thus allowing COMPANY and DEPOSITORY a reasonable apportunity to act on it.  RECEIVING BANK INFORMATION		
		Name
Bank Name	Routing Number	
Account Number	Account Type	
CREDIT DEBIT		
Description for Statement:		
•		
<ol> <li>(we) understand and agree that:</li> <li>Frontier Bank is not responsible for from making the transfer.</li> </ol>	or failures to originate a transfer other than its gross negligence preventing you	
2. Frontier Bank will not re-originate	an item returned for any reason such as non-sufficient funds and it is the	
Companies responsibility to do so.		
	notify me when a transfer is made pursuant to this agreement or when a	
transfer cannot be made.  4. Frontier Rank has the right to term	ninate or amend this agreement at any time. I have the right o terminate this	
<del>-</del>	you a written revocation signed by me.	
5. This agreement is not negotiable a		
Signature	Date	
orginature	Date	
Signatura	Data	
Signature	Date	
	OR CANCELATION OF THE PIM ORIGINATION	
Date Employee Canceled Initials	Customer	

E-Mail Completed form to PIM@frontbank.com