

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED TRANSFERS TO DEPOSIT ACCOUNT

I hereby authorize First State Bank of East Detroit to initiate electronic debit entries to my checking or savings account at the depository institution named below, and to credit said monies to my deposit account at the depository institution named below.

DEPOSITORY INSTITUTION FOR DEBIT ENTRIES			
Name _____			
City _____	State _____	Zip Code _____	Phone _____
Routing No. * _____			
Checking Account No. _____		or Savings Account No. _____	
(select one)			

DEPOSITORY INSTITUTION FOR RECEIVING CREDIT ENTRIES			
Name _____			
City _____	State _____	Zip Code _____	Phone _____
Routing No. * _____			
Checking Account No. _____		or Savings Account No. _____	
(select one)			

This authorization is to remain in full force and in effect until First State Bank of East Detroit has received written notification from me of its revocation or termination in such time and in such manner as to afford First State Bank of East Detroit and depository institution a reasonable opportunity to act on it.

I agree to maintain a sufficient balance in my checking/savings account to cover all monthly transactions. I understand if my account doesn't have sufficient funds to cover a monthly transaction that no transfer will be made, and this Agreement may be cancelled by either First State Bank of East Detroit or the depository institution. I can stop payment on any debit entry by notifying my depository institution up to 3 business days before my account is charged. The depository institution may require written verification of any oral stop payment order within 14 days. I can have the amount of an erroneous charge credited to my account if I report the error to my depository institution within 60 days after it transmits to me a periodic statement on which the alleged error is reflected. If the depository institution elects to close my account, I will immediately notify First State Bank of East Detroit of this event.

If I change my checking/savings account, dollar amount or the depository institution to accept electronic debit and credit entries, I understand I have to complete a new Authorization Agreement and promptly provide First State Bank of East Detroit and the depository institution with a copy of it.

I acknowledge receipt of a copy of the Disclosure Statement covering Electronic Fund Transfer Service at First State Bank of East Detroit.

FREQUENCY OF TRANSACTIONS Daily Weekly Bi-weekly Monthly (CHECK ONE)

TRANSACTION DATE(S) _____

TRANSACTION AMOUNT \$ _____

Name _____ Phone _____
(please print)

Signature _____

Address _____

Date _____

* Be sure to enclose a voided check or savings deposit slip with this form.

First State Bank (original)

Depository Institution (copy)

Customer (copy)