## AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Marion National Bank hereinafter called COMPANY. To debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of AHC transactions to my (our) account must comply with the provisions of U.S. Law. This authority is to remain in full force and effect until Marion National Bank has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Debit Information:			
*	*		
(Financial Institution Name)	(Bra	(Branch)	
**		*	
(Address)	(City/State)	(zip)	
*	*		
(Routing/Transit Number)	(Acc	(Account Number)	
Type of Account:Checking	Sav	Savings	
Amount to be transferred: \$			
Frequency:XMonthly			
Effective Date:	Termination Date: (Till Canceled)		
For Credit to: Checking			
Account # 21-563-5 Account Title: Marior	n County Club, Marion, F	Ks. 66861	
*			
(Print Individual Name)			
*			
*(Signature)			
*			
(Date)			