FIVE STAR BANK

FSB - AUTHORIZATION FOR AUTOMATIC WITHDRAWAL

BORROWER	CO-BORROWER	FILE #

For Internal Use Only

*****PLEASE RETURN COMPLETED FORMS TO FIVE STAR BANK AT THE ADDRESS INDICATED BELOW****

FSB - AUTHORIZATION FOR AUTOMATIC WITHDRAWAL OF FSB LOAN PAYMENTS

ACCOUNT HOLDER'S INFORMATION			
ACCOUNT HOLDER'S NAME			FSB LOAN NUMBER
MAILING ADDRESS			
CITY	STATE	ZIP CODE	FSB LOAN MONTHLY PAYMENT AMOUNT: $
HOME PHONE NUMBER	WORK PHONE NUMBER	E-MAIL ADDRESS	FSB LOAN MONTHLY PAYMENT DUE DATE:

FINANCIAL INSTITUTION INFORMATION			
NAME OF FINANCIAL INSTITUTION			
ADDRESS OF FINANCIAL INSTITUTION			9-DIGIT BANK TRANSIT ROUTING / ABA NUMBER:
CITY	STATE	ZIP CODE	ACCOUNT NUMBER
PHONE NUMBER			TYPE OF ACCOUNT (Check One) ☐ Checking ☐ Savings

I hereby authorize Five Star Bank ("BANK") to deduct my monthly loan payment, in the amount specified above, from the above referenced account. I understand that the automatic withdrawals or electronic funds transfers will be processed through the Automated Clearing House system. These recurring transfers are to be made on the payment due date, on a monthly basis. If the payment due date is on a day when the Financial Institution and/or the Automated Clearing House are <u>not</u> open for processing such transfers, the transfer will be processed on the following business day in which both are open for such transfers.

This authority will remain in effect until BANK has received written notification from me to cancel this automatic withdrawal. Cancellation requests must be received by BANK in writing, and will be processed by BANK within ten (10) business days.

Send ALL requests to: Five Star Bank Wholesale Consumer Loan Servicing, 3100 Zinfandel Drive, Suite 100, Rancho Cordova, CA 95670.

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ACCOUNT HOLDER'S SIGNATURE DATE

Please retain a copy of the completed form for your records