

COMMERCIAL LOAN PAYMENT ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION



- ☐ New EFT authorization
☐ Change to existing EFT authorization

☐ Termination of existing EFT authorization

I (we) authorize First Mid Bank & Trust, N.A. and its successors, assigns, authorized agents, or any entity servicing my loan on their behalf (hereinafter called "THE LENDER") to debit my (our) checking or savings account as indicated. I (we) understand that my (our) payment amount may vary with changes in escrow and/or principal, interest rate changes, and other miscellaneous fees that may apply pursuant to the loan terms. In the event my (our) account becomes past due, I (we) authorize THE LENDER to initiate daily electronic funds transfers through nightly processing in order to bring the account current. These payments may include the scheduled payment amount, any applicable late charges, and other miscellaneous fees, as allowed under your loan terms, whether or not they are reflected in a statement. I (we) understand that the full past due amount may not be collected in a single transaction; instead, payments will be attempted daily until the account is brought current. I (we) understand that I (we) are not required to make loan payments by EFT. I (we) agree that EFT transactions must comply with U.S. law.

DEPOSIT ACCOUNT INFORMATION

Account Type: ☐ Checking ☐ Savings Account Number: _____
Account Holder Name(s): _____

For automatic payments from an account held by a Depository Institution other than First Mid Bank & Trust, N.A., complete the Institution information and attach a voided check or savings account deposit slip (Required).

Depository Institution: _____ Routing Number: _____
City _____ State _____ Zip _____

I understand that to cancel this EFT Authorization, LENDER must receive my (our) request at least 7 business days before the transfer is scheduled to be made. If my (our) request is made by phone, I (we) may also be required to put my (our) request in writing and ensure that it is received within 14 business days after the call.

REQUIRED Deposit Account Holder Signature(s): _____

LOAN/PAYMENT INFORMATION

Loan Type: ☐ Commercial ☐ Agriculture

Loan Number: _____ Borrower Name(s): _____

Said debit entries shall be made on or about, but not before, the date indicated below. If a transfer date is a non-processing day, the transfer will be made on the first processing day after the scheduled transfer date. ***If you would like to pay extra toward the principal, specify the amount you want withdrawn in addition to your regular payment.***

Payment Amount: _____ Additional Principal (if any): _____ Payment Frequency: _____
\$ _____ \$ _____ *Choose a payment frequency, if you would like to make payments different from the schedule indicated on your promissory note.*

Payment Start Date: _____ ***Start Date should allow adequate time for your authorization to be received and EFT payments established. If submitting your authorization by mail, please allow at least 14 business days.***

By signing below, the undersigned agree(s) to all the terms and conditions beginning on page 1 through the bottom of page 2 of this Authorization.

REQUIRED Borrower Signature(s): _____ Date: _____

MAIL YOUR SIGNED AND DATED AUTHORIZATION TO:

**YOU MAY ALSO RETURN THIS FORM TO YOUR
LOCAL FIRST MID BANKING CENTER.**

First Mid Bank & Trust
Attn: Commercial Loan Servicing
PO Box 499
Mattoon, IL 61938

COMMERCIAL LOAN PAYMENT ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION



(Read carefully and keep a copy of this page for your records)

GENERALLY - The accounts listed on page one are covered by their individual terms and conditions, unless modified by this Authorization. If a transfer is made from a savings account, we reserve the right to require not less than 7 business days written notice of withdrawal.

You agree to keep enough money in your Debited Account to cover the transfers you request by this Authorization. If your Debited Account balance is insufficient to cover the transfers you authorize, we may cancel this Authorization immediately without notice. We may use our rights and remedies under applicable law and our rules and regulations governing these types of accounts. These may include returning your checks or drafts unpaid and closing your account(s) by mailing a proper notice to you with a check or draft equal to the balance in the account.

You agree, in consideration of this service rendered by us, to indemnify (repay us for any loss) and hold us harmless (release us from any responsibility) from any liability or loss occurring due to the dishonor of any check or draft presented which results from any charge made or refused to be made by us under this Authorization. You agree to abide by our rules and regulations governing your account(s) as stated on your account agreement and as amended from time to time. We may take any security measures that we believe are necessary (such as recording telephone transfer conversations) without notice to you.

LOAN PAYMENT AUTHORIZATION - If your Credited Account listed on page one is a debt you owe us (e.g. a mortgage or installment loan), then you agree that we may continue to charge the Debited Account until the loan is paid or until you provide us with written notice of cancellation.

If your Debited Account does not have a sufficient balance on a day that a payment is to be debited, we may stop further efforts to debit your Debited Account and ask you for the payment and all subsequent payments until all payments under the loan are current. We will not use the availability of any credit line that you may have with us in determining whether your Debited Account has a sufficient balance. At our option and discretion, we may resume charging the Debited Account without further instruction from you once all payments are current. If we do not resume charging your Debited Account, we will notify you in writing that we have cancelled this Authorization. Cancellation of this Authorization does not excuse you from making timely payment under the terms of the loan.

AMENDMENTS AND TERMINATION - We will give you reasonable notice when we amend this Authorization. If this Authorization needs to be amended because of a change in State or Federal law, the change shall be effective immediately without notice. If no termination date is specified on page one, this Authorization will remain in effect until terminated by any one of you. We may terminate this Authorization by giving you written notice at the address stated on page one. Any notice will be effective immediately when mailed or delivered by us. Notice to any one of you is notice to all of you.

TERMINATION OF THIS AGREEMENT - You can cancel this EFT authorization at any time by mailing your cancellation to the Commercial Loan Servicing Department at the address provided on the form, by calling 800-648-6145, or by returning your request to your local First Mid banking center.

To cancel the EFT Authorization, LENDER must receive your request at least 7 business days before the transfer is scheduled to be made. If you call, we may also require you to put your request in writing and ensure that we receive it within 14 business days after you call.

COMMERCIAL LOAN PAYMENT ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION



- ☐ New EFT authorization
☐ Change to existing EFT authorization

- ☐ Termination of existing EFT authorization

I (we) authorize First Mid Bank & Trust, N.A. and its successors, assigns, authorized agents, or any entity servicing my loan on their behalf (hereinafter called "THE LENDER") to debit my (our) checking or savings account as indicated. I (we) understand that my (our) payment amount may vary with changes in escrow and/or principal, interest rate changes, and other miscellaneous fees that may apply pursuant to the loan terms. In the event my (our) account becomes past due, I (we) authorize THE LENDER to initiate daily electronic funds transfers through nightly processing in order to bring the account current. These payments may include the scheduled payment amount, any applicable late charges, and other miscellaneous fees, as allowed under your loan terms, whether or not they are reflected in a statement. I (we) understand that the full past due amount may not be collected in a single transaction; instead, payments will be attempted daily until the account is brought current. I (we) understand that I (we) are not required to make loan payments by EFT. I (we) agree that EFT transactions must comply with U.S. law.

DEPOSIT ACCOUNT INFORMATION

Account Type: ☐ Checking ☐ Savings Account Number: _____
Account Holder Name(s): _____

For automatic payments from an account held by a Depository Institution other than First Mid Bank & Trust, N.A., complete the Institution information and attach a voided check or savings account deposit slip (Required).

Depository Institution: _____ Routing Number: _____
City _____ State _____ Zip _____

I understand that to cancel this EFT Authorization, LENDER must receive my (our) request at least 7 business days before the transfer is scheduled to be made. If my (our) request is made by phone, I (we) may also be required to put my (our) request in writing and ensure that it is received within 14 business days after the call.

REQUIRED Deposit Account Holder Signature(s): _____

LOAN/PAYMENT INFORMATION

Loan Type: ☐ Commercial ☐ Agriculture

Loan Number: _____ Borrower Name(s): _____

Said debit entries shall be made on or about, but not before, the date indicated below. If a transfer date is a non-processing day, the transfer will be made on the first processing day after the scheduled transfer date. ***If you would like to pay extra toward the principal, specify the amount you want withdrawn in addition to your regular payment.***

Payment Amount: _____ Additional Principal (if any): _____ Payment Frequency: _____
\$ _____ \$ _____ Choose a payment frequency, if you would like to make payments ***different from the schedule indicated on your promissory note.***

Payment Start Date: _____ ***Start Date should allow adequate time for your authorization to be received and EFT payments established. If submitting your authorization by mail, please allow at least 14 business days.***

By signing below, the undersigned agree(s) to all the terms and conditions beginning on page 1 through the bottom of page 2 of this Authorization.

REQUIRED Borrower Signature(s): _____ Date: _____

KEEP THIS COPY FOR YOUR RECORDS.