COMMERCIAL LOAN PAYMENT

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION



New EFT author			Termination	of existing EFT authorization
Change to existi	ng EFT authorization			
their behalf (hereinafter my (our) payment amount fees that may apply purs to initiate daily electronic include the scheduled pat terms, whether or not the a single transaction; inste	called "THE LENDER") to deb nt may vary with changes in uant to the loan terms. In th c funds transfers through nig nyment amount, any applical ney are reflected in a stateme	oit my (our) che escrow and/or e event my (ou ghtly processing ole late charges ent. I (we) und pted daily unti	ecking or savings acc principal, interest ra ir) account becomes g in order to bring th s, and other miscella erstand that the full I the account is brou	nts, or any entity servicing my loan on ount as indicated. I (we) understand that ate changes, and other miscellaneous past due, I (we) authorize THE LENDER ne account current. These payments may neous fees, as allowed under your loan past due amount may not be collected in ght current. I (we) understand that I (we) comply with U.S. law.
DEPOSIT ACCOUNT INFO	RMATION			
Account Type:	Checking Saving	S	Account Nur	mber:
Account Holder Name(s)	:			
complete the Inst	yments from an account hel itution information and atta tion:	ach a voided cl	neck or savings acco	r than First Mid Bank & Trust, N.A., unt deposit slip (Required). nber:
				Zip
LOAN/PAYMENT INFORI	_			
Loan Number:	<u> </u>	orrower Name	(s):	
Said debit entries shall be day, the transfer will be i	e made on or about, but not	before, the da	te indicated below. scheduled transfer d	If a transfer date is a non-processing ate. <i>If you would like to pay extra</i>
Payment Amount:	Additional Principal (if a		ayment Frequency:	Choose a payment frequency, if you would like to make payments different from the schedule indicated on your promissory no
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.		
of this Authorization.				page 1 through the bottom of page 2
Borrower Signature(s):				Date:
MAIL YOUR SIGNED	AND DATED AUTHORIZAT	ION TO:	First Mid Bank 8	& Trust ial Loan Servicing
YOU MAY ALSO RETU	JRN THIS FORM TO YOUR		PO Box 499	iai Louii oci viciilg

Mattoon, IL 61938

Member FDIC

LOCAL FIRST MID BANKING CENTER.

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 authorizationChange to existing EFT authorization	Termination of existing EFT authorization		
Change to existing EFT authorization			
their behalf (hereinafter called "THE LENDER") to debing my (our) payment amount may vary with changes in fees that may apply pursuant to the loan terms. In the to initiate daily electronic funds transfers through night include the scheduled payment amount, any applicable terms, whether or not they are reflected in a statement a single transaction; instead, payments will be attempted.	uccessors, assigns, authorized agents, or any entity servicing my loan on bit my (our) checking or savings account as indicated. I (we) understand that escrow and/or principal, interest rate changes, and other miscellaneous e event my (our) account becomes past due, I (we) authorize THE LENDER thilly processing in order to bring the account current. These payments may ble late charges, and other miscellaneous fees, as allowed under your loan ent. I (we) understand that the full past due amount may not be collected in oted daily until the account is brought current. I (we) understand that 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):			
complete the Institution information and atta	d by a Depository Institution other than First Mid Bank & Trust, N.A., ich a voided check or savings account deposit slip (Required).		
Depository Institution:			
City	State Zip		
transfer is scheduled to be made. If my (our) request writing and ensure that it is received within 14 business.	NDER must receive my (our) request at least 7 business days before the is made by phone, I (we) may also be required to put my (our) request in ess days after the call.		
LOAN/PAYMENT INFORMATION			
Loan Type: Commercial Agriculture			
Loan Number: Bo	orrower Name(s):		
	before, the date indicated below. If a transfer date is a non-processing day after the scheduled transfer date. If you would like to pay extra hdrawn in addition to your regular payment.		
Payment Amount: Additional Principal (if a			
\$ \$	like to make payments different from the schedule indicated on your promissory not		
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 of this Authorization.	terms and conditions beginning on page 1 through the bottom of page 2		
Borrower Signature(s):	Date:		

KEEP THIS COPY FOR YOUR RECORDS.

