BANK of IDAHO
COMMITTED TO COMMUNITY

Member **FDIC** EQUAL HOUSING LENDER

RECURRING ACH TRANSFER AUTHORIZATION FORM

Customer/Account Name: _____

We/I authorize and direct Bank of Idaho to make the following transfer of funds to be directed to and from my/our accounts as indicated. I/w acknowledge that the origination of ACH transactions to/from my/our account must comply with the provisions of U.S. law.

From Account #: _____ ☐ Checking   ☐ Savings

Bank Name: _____

ACH Routing Number (if Bank of Idaho leave blank): _____

To Account #: _____ ☐ Loan   ☐ Checking   ☐ Savings

Bank Name: _____

ACH Routing Number (if Bank of Idaho leave blank): _____

Amount: _____ Total Transaction: _____

Transfer Frequency:
☐ One Time   ☐ Monthly
☐ Weekly   ☐ Quarterly
☐ Bi-weekly (Transfers every 14 days)   ☐ Semi-Annually
☐ Semi-Monthly   ☐ Annually
   (Transfers approximately every 15 days)

If transfer date falls on a weekend/holiday, process before ☐ or after ☐ the weekend/holiday.

Start Date:_____   End Date: _____

These accounts remain subject to their individual terms and conditions, which are not modified by this authorization. Written termination of this authorization is required. This may be done by signing in the space provided below or by separate written statement and provided to any Bank of Idaho branch in time to allow a reasonable amount of time to act upon the termination request.

Authorized Customer Signature _____

Authorized Customer Signature _____

Bank of Idaho Employee Signature _____
Date:_____

Please terminate the transaction as listed above, effective this date _____.

Authorized Customer Signature: _____