

**AUTHORIZATION FOR
AUTOMATIC CLEARING HOUSE (ACH) TRANSACTIONS**
Please print and complete the form, including signature(s)

COMPANY NAME: **Bancorp. of Southern Indiana**

BANK REPRESENTATIVE / DEPARTMENT: **Investor Relations**

NEW AUTHORIZATION CHANGE TO PREVIOUS TERMINATION

I/We authorize the COMPANY (named above) to initiate credit entries and, if necessary, to initiate any debit entries to correct an erroneous credit entry to my/our account at the DEPOSITORY (identified below), for the purpose of automatically depositing funds to my/our account. I/We acknowledge that the origination of these transactions must comply with the provision of U.S. law.

DEPOSITORY NAME: _____

BRANCH: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING NUMBER: _____ See attached voided check/draft or deposit slip

ACCOUNT NUMBER: _____ CHECKING SAVINGS

I/We understand that this authorization replaces any previous authorization and will remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) (Print or Type): _____

Signature (**REQUIRED**)

Date

NAME(S) (Print or Type): _____

Signature (**REQUIRED**)

Date

Return the completed and signed form to Lisa Wesley at PO BOX 1001, Seymour, IN 47274; or forms may be scanned and saved as PDF and sent by email to lwesley@jcbank.com.