



**CAMDEN NATIONAL BANK  
AUTHORIZATION AGREEMENT FOR ACH DEBIT OR CREDIT  
(RECEIVER AUTHORIZATION)**

**Originating Depository Financial Institution (ODFI)**

Camden National Bank  
245 Commercial Street  
Rockport, ME 04856  
800-860-8821  
ABA# / ACH Company ID: 011201458

**CNB Customer CIF:**

**Camden National Bank Customer Name:** Island Institute hereinafter called the "Originator".

**Agreement**

The Originator named above is hereby authorized to initiate the following recurring entry to my account as indicated below, to debit or credit the same such account. In the event of an error the originator is hereby allowed to make the appropriate adjusting entries so as to fix the specific error. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

**Receiving Depository Financial Institution (RDFI)**

Please enter your bank information here

<b>Financial Institution Name:</b>	
<b>ABA# / ACH Company ID:</b>	
<b>Receiver Account Name:</b>	
<b>Receiver Account Number:</b>	
<b>Receiver Account Type:</b>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan
<b>Amount of Transfer/Payment:</b>	
<b>Payment Type:</b>	<input type="checkbox"/> Credit or <input checked="" type="checkbox"/> Debit

**Termination**

This authorization is to remain in full force and effect until the Originator has received written notification from me of its termination in such time and in such manner as to afford Originator and Originating Depository Financial Institution a reasonable opportunity to act on it.

**Authorization**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_



CAMDEN NATIONAL BANK - AUTOMATED ELECTRONIC FUNDS TRANSFER AUTHORIZATION

- New Request
Change to existing payment instructions (This agreement supersedes any existing agreement in place.)
Terminate existing payment instructions (Please complete below to indicate the AFT to be terminated.)

CNB Customer Name: Island Institute
CNB Customer CIF:
CNB Customer Address: 386 Main Street, Rockland, ME 04841

Transfer From: (Withdrawal)

Account Number, ABA Routing Number, Financial Institution Name, Account Type (Checking, Savings)

Transfer To: (Deposit/Payment)

Account Number, ABA Routing Number, Financial Institution Name, Account Type (Checking, Savings, Loan)

\*\*If the "TRANSFER TO:" or "TRANSFER FROM:" account owner name does not bear the same name as the CNB CUSTOMER NAME provided above, an Authorization Agreement for ACH Debit or Credit (Receiver Authorization) is required to be completed and signed by the "TRANSFER TO:" or "TRANSFER FROM:" customer before transfer will be established.

FOR CNB LOAN PAYMENTS ONLY:

- Regular Payment, payable ONCE per MONTH beginning on DATE:
Extra Principal Payment: Amount: \$
Skip Transfer Option: Skip Transfer on Date: Number of Transfers to Skip: Resume Transfer Date

Transfer Amount: \$ First Transfer Date:

- Frequency: Daily, Weekly, Semi-Monthly, Monthly, Quarterly, Other:

Skip Transfer Option: Skip Transfer on Date: Number of Transfers to Skip: Resume Transfer Date

Terms and Conditions:

Term of Request: This Request will expire on (date).
Termination: I may terminate this request by notifying the Bank in writing.
Terms Subject to Available Funds: I agree to maintain sufficient available funds...
Additional Information: I agree to supply the Bank promptly with all the information requested...
Additional Agreements: If the Request involves transfer of funds from a deposit account...
Indemnification: Unless otherwise provided in the applicable agreement described in the preceding paragraph...

Date:

Customer Signature Printed Name:

BANK USE ONLY:

Submitted By CNB Employee: Branch: Extension:

IF A CNB ACCOUNT is funding the CNB LOAN PAYMENT, SCAN & FORWARD THIS REQUEST TO THE LOAN CABINET
SCAN & FORWARD ALL OTHER REQUESTS TO THE ELECTRONIC BANKING CABINET