



**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

Financial Institution Name:	
ABA# / ACH Company ID:	
Receiver Account Name:	
Receiver Account Number:	
Receiver Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan
Amount of Transfer/Payment:	
Payment Type:	<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 [Day of the week:]
Semi-Monthly [On the day and the day of the month]
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). **If left blank, the Request will continue until modified in writing or terminated in the manner described below.
Termination: I may terminate this request by notifying the Bank in writing. Notice is effective when received by the Bank. The Bank may terminate this request by sending me written notice.
Terms Subject to Available Funds: I agree to maintain sufficient available funds (that is, a sufficient balance in my deposit account or a sufficient amount of available credit on my line of credit account, whichever is applicable) to cover the amount of each transfer described in the Request.
Additional Information: I agree to supply the Bank promptly with all the information requested by the Bank pertaining to this request.
Additional Agreements: If the Request involves transfer of funds from a deposit account, it is subject to the terms and conditions of the agreement governing my deposit account, including the Electronic Banking Services portion of this agreement and the disclosures required by Federal Regulations E.
Indemnification: Unless otherwise provided in the applicable agreement described in the preceding paragraph, I agree to indemnify, defend, and hold the Bank harmless against all cost, (including attorney's fees), actions, damages, or claims related to or arising from the Bank's actions pursuant to this Request including claims by me or any payee for failure to transfer funds or transferring funds improper as a result of my providing incorrect information.

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