PREAUTHORIZED DEBIT AUTHORIZATION Southern Bank of Tennessee Account Financial Holder: Institution: Mt Juliet 675 North Mt Juliet Rd Mt Juliet, TN 37122 PAYEE INFORMATION Account Number with Payee: Payee Name: Address: City, State Zip: PAYOR INFORMATION Payor Name: Address: City, State Zip: Phone: INSTRUCTIONS Frequency: First Transfer Date: ACCOUNT TO DEBIT Amount Account Type Account Number Routing: I/We hereby authorize you to make the transfer(s) indicated above until further notice from me/us. If this agreement changes any prior authorization between you and me/us, the prior authorization is hereby cancelled, and I/we instruct you to follow this authorization. I/We acknowledge that I/we have received an Electronic Funds Transfer Disclosure Statement which describes your and my/our rights and responsibilities concerning the above transfer(s), and that it is incorporated by reference into this authorization agreement. I/We further acknowledge that you have no responsibility to contact me/us when the above transfer(s) occur(s). I/We understand that I/we can call you to find out whether or not the transfer has been made. I/We understand that it is my/our responsibility to have sufficient funds available in my/our account on the transfer date(s) in order for you to make the automatic payment(s). I/We acknowledge that if sufficient funds are not available in my/our account to cover the amount of the transfer(s), the automatic payment(s) may not be made. I/We further acknowledge that the Financial Institution will not be liable for any charges, including but not limited to, any charges related to items returned because of insufficient funds, or for any late charges or additional interest if this authorization is for automatic loan payment(s). This agreement is dated ACCOUNT HOLDER:

Authorized Signer

Authorized Signer