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ACH Authorization Form

Credit/Debit Authorization Form

I (we) hereby authorize REGIONAL ACCESS to initiate entries to my (our) checking/savings accounts at the financial institution listed below for the agreed upon purchases, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until REGIONAL ACCESS is notified by me (us) in writing to cancel it in such time as to afford REGIONAL ACCESS and TOMPKINS TRUST COMPNAY a reasonable opportunity to act on it.

 (Name of Financial Institution)

 (Address of Financial Institution - Branch, City, State, & Zip)

 (Name - PLEASE PRINT)

 (Address - PLEASE PRINT)

Set Amount: _____ or Maximum Amount: _____

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

These numbers are located on the bottom of your check as follows:

Routing Number Account Number

 (Signature)

 (Date)