



EXECUTIVE National Bank

AUTHORIZATION FOR RECURRING ACH DIRECT PAYMENT (DEBIT)

I (Name) _____ hereby authorize the financial institution named below to initiate a recurring ACH entry from my checking/savings account, in the amount of \$ _____. This authority will remain in effect until I notify you, in writing, to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three (3) days before my account is charged.

EXECUTIVE NATIONAL BANK
(NAME OF FINANCIAL INSTITUTION)

9600 N KENDALL DRIVE, MIAMI, FL 33176
(CITY) (STATE) (ZIP CODE)

(SIGNATURE) (DATE) (SIGNATURE) (DATE)

(NAME – PLEASE PRINT) (NAME – PLEASE PRINT)

Effective on _____ (DATE) and on the same day (circle one)
Monthly on specified date, Weekly _____ (specify day of week Mon. thru Fri.), Every
other week _____ (specify day of week Mon. thru Fri.) or thereafter, I authorized the
financial institution named above to send an ACH payment in the benefit of:

Beneficiary Name: _____

Account No.: _____ Checking ___ Savings ___

Financial Institution Name: _____

Financial Institution Routing Number: _____
(Between these Symbols I: I: on the bottom left of your check)

INSERT VOIDED CHECK HERE

www.executivebank.com



MAIN OFFICE
9600 North Kendall Dr.
Miami, FL 33176
305.274.8382

AVENTURA
20801 Biscayne Blvd. 4th Fl
Aventura, FL 33180
786.923.0275

DORAL BRANCH
8009 N.W. 36th St.
Miami, FL 33166
305.964.2418

SOUTH MIAMI BRANCH
7220 Red Road
Miami, FL 33143
305.662.4700

TAMIAMI BRANCH
13354 SW 128th St.
Miami, FL 33186
305.256.3311

**Member
FDIC**