

Direct Deposit/Automatic Payment Form

To begin direct deposit or automatic payments, please complete and sign the following form. Once completed, the form should be given to the employer or the company you list to establish payments. If you have any questions, please call 1-800-288-3425.

Company Name (Depositor):

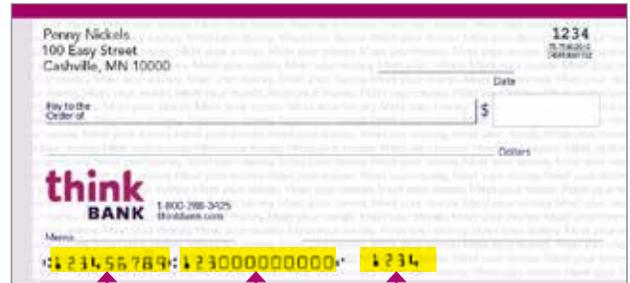
Customer Name (Account Holder):

Please arrange to have my paycheck electronically deposited into my Think Bank account listed below:

Account Number:

Account Type:

Think Mutual Bank's Routing Number:
291975465



Routing Number Account Number Check Number

I/we authorize the Company named above to initiate credit entries and, if necessary, to initiate any debit entries to correct an erroneous credit entry to my/our account at Think Bank for the purpose of automatically depositing funds to my/our account.

I/we acknowledge that the origination of these transactions must comply with the provision of the U.S. law.

I/we understand that this authorization replaces any previous authorization and will remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Depository Name:
Think Mutual Bank
5200 Members Parkway NW
Rochester, MN 55901
1-800-288-3425

Signature

Date

Signature

Date