

| Settlement Trust Group

Direct Deposit Authorization Form

Section A - Trust Account Information

Type of Action: <input type="checkbox"/> New Complete sections A, B and C <input type="checkbox"/> Change Complete sections A, B and C <input type="checkbox"/> Cancel Complete sections A, B and D	Trust Name:
	Trust Account Number:

Section B - Financial Institution Information

Financial Institution Name:	Name on Account:
Financial Institution Address (city, state):	Account Number:
Routing Number:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Section C - Authorization Signature

I hereby authorize Midland States Bank to provide for direct deposit in the above designated account.

This authorization remains in full force and effect until Midland States Bank receives written notification of its termination, or until Midland States Bank deems it necessary to terminate the agreement.

If any action taken by me results in non-acceptance of a direct deposit by the designated financial institution, I understand that Midland States Bank assumes no responsibility for processing a supplemental payment until the amount of the non-acceptance deposit is returned to Midland States Bank by the financial institution.

Signature:	Date:
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Section D - Cancellation Signature

I hereby cancel my direct deposit authorization.

Signature:	Date:
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Settlement Trust Group
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