



ACH CREDIT (DEALER) PRE-AUTHORIZATION

Please fill in the requested information below. Per your instruction, First IB will credit (deposit funds to) your account with the other Financial Institution.

I/We authorize First Internet Bank of Indiana (Routing Number 074014187) to credit my/our account at the DEPOSITORY (identified below), for the purpose of accomplishing the following pre-authorized payments:

☐ New authorization ☐ Change to previous authorization
(Note: For new authorizations, First IB requires a voided check or deposit slip to process the request.)

DEPOSITORY NAME: _____

BRANCH: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____ ☐ CHECKING

THIS ACCOUNT IS A: ☐ BUSINESS

My/Our account will remain subject to its individual terms and conditions which are not modified by this authorization. I/we understand that this authorization will remain in full force and effect until the termination date stated above or until First Internet Bank of Indiana has received written notification from me (or either of us) of its termination in such time and in such manner as to afford First Internet Bank of Indiana and the DEPOSITORY a reasonable time to act on it.

NAME(S) (print or type): _____

First IB Account Number (the account you want debited): 203000

Signature _____ Date _____ Signature _____ Date _____

Fax your signed ACH Credit (Dealer) Pre-Authorization to First IB at 1-888-260-6299. If you prefer, you may mail this form to us at 8701 E 116th St., Fishers, IN 46038

