



**AUTOMATIC TRANSFER AUTHORIZATION**

As used in this authorization, "we" and "us" mean the owners of the accounts identified below. "You" and "yours" means the depository institution named below.

We authorize and direct you to make the following transfer of funds:

AMOUNT TO BE TRANSFERRED \$ \_\_\_\_\_ FREQUENCY: \_\_\_\_\_ WEEKLY \_\_\_\_\_ MONTHLY

EFFECTIVE DATE \_\_\_\_\_ TERMINATION DATE \_\_\_\_\_

FROM:	
BANK NAME _____	BANK ROUTING # _____
ACCOUNT NUMBER _____	TYPE _____ CHECKING
ACCOUNT TITLE _____	_____ SAVINGS
	_____ NOW CHECKING
	_____ OTHER
TO:	
BANK NAME: _____	BANK ROUTING # _____
ACCOUNT NUMBER _____	TYPE _____ CHECKING
ACCOUNT TITLE _____	_____ SAVINGS
	_____ NOW CHECKING
	_____ INSTAL LOAN PAYMENT
	_____ MORT LOAN PAYMENT
	_____ SAFE DEPOSIT BOX FEE
	_____ OTHER

These accounts remain subject to their individual terms and conditions, which are not modified by this authorization. If a transfer is made from a savings account, you retain the right to require not less than 7 days written notice of withdrawal.

If no termination date is specified above, this authorization will remain in effect until terminated by any one of us. You may terminate this authorization by giving us 15 days written notice at the address stated below. Notice to any one of us is notice to all of us.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ACCEPTED BY

\_\_\_\_\_  
ACCOUNT ADDRESS