

AUTOMATIC TRANSFER AUTHORIZATION

As used in this authorization, "we" and "us" mean the owners of the accounts identified below. "You" and "yours" mean the depository institution named below. We authorize and direct you to make the following transfer of funds

Amount to be Transferred: _____

Regular Payment: _____ Principal Payment: _____

Start Date: _____

Frequency: Monthly Weekly Bi-Weekly

DONOR ACCOUNT INFORMATION

Checking Savings

Account Number: _____ External Routing: _____

Please attach a copy of a voided check.

Account Name(s): _____

RECIPIENT ACCOUNT INFORMATION:

Account Number: _____

Checking Savings Mortgage Consumer Commercial

Account Name(s): _____

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 right to require not less than 7 days written notice of withdrawal. 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.

Name _____

Name _____

Social Security # _____

Social Security # _____

Address _____

Address _____

Signature _____

Signature _____

BRANCH INFORMATION

Teller _____ Branch _____ Date _____

CUSTOMER SUPPORT DEPARTMENT INFORMATION:

Entered by _____ Date _____

Transmatic Number _____ Customer Source _____ 213 _____