



Automatic Transfer Authorization Form

In this authorization, the words "we", "our", or "us" mean the financial institution and the words "you" or "your" mean the Account Holder(s).

▶ Effective Date of Change	▶ Account Name
----------------------------	----------------

▶ Withdraw Funds FROM: <input type="checkbox"/> Savings Account # _____ <input type="checkbox"/> Checking Account # _____	▶ Deposit Funds TO: Checking Account # _____
---	---

Maintenance Transfer of Funds

You authorize us to charge your Account listed above when the balance of your Checking Account listed above falls below a minimum balance of: \$ 0 OR \$ 100.00 OR \$ _____ .00 and to deposit these funds into your Checking Account listed above.

The amount we will transfer shall equal the amount necessary to raise your Checking Account balance to equal or exceed the minimum balance you specified. We will make all transfers in:

- increments of \$ 100.00 OR
- increments of \$ _____ specify amount.
(minimum transfer of \$100.00)

By signing below, the undersigned agree(s) to all the terms and conditions .

▶ Signature of Primary Owner	▶ Date
------------------------------	--------

Terms and Conditions. The accounts listed above are covered by their individual terms and conditions, unless modified by this Authorization. You agree to keep enough money in your Account to cover the transfers you request by this Authorization. If your Account balance is insufficient to cover the transfers you authorize, we may cancel this Authorization immediately without notice. We may use our rights and remedies under applicable law and our rules and regulations governing these types of accounts. This may include returning your checks unpaid and closing your account(s) by mailing a proper notice to you with a check equal to the balance of the account.

You agree, in consideration of this service rendered by us, to indemnify (repay us for any loss) and hold us harmless (release us from any responsibility) from any liability or loss occurring due to the dishonor of any check or debit presented which results from any charge made or refused to be made by us under this Authorization. You agree to abide by our rules and regulations governing your account(s) as stated on your account agreement and as amended from time to time. We may take any security measures that we believe are necessary (such as recording telephone transfer conversations) without notice to you.

Amendments and Termination. We will give you reasonable notice when we amend this Authorization. If this Authorization needs to be amended because of a change in State or Federal law, the change shall be effective immediately without notice. If no termination date is specified, this Authorization will remain in effect until terminated by any one of you.

TERMINATION OF AUTHORIZATION: Any one of you may cancel this authorization by giving us written notice. Your notice will be effective five (5) days after we receive it.

▶ Signature of Primary Owner:	▶ Date
-------------------------------	--------