

AUTOMATIC TRANSFER AUTHORIZATION

As used in this authorization, "we" and "us" means 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: ACCOUNT NO. _____ ACCOUNT TITLE: _____ _____	TYPE <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING <input type="checkbox"/> NOW <input type="checkbox"/> _____
TO: ACCOUNT NO. _____ ACCOUNT TITLE: _____ _____ _____	TYPE <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING <input type="checkbox"/> NOW <input type="checkbox"/> INSTAL. LOAN PYMT. <input type="checkbox"/> MORT. LOAN PYMT. <input type="checkbox"/> SAFE DEP. FEE <input type="checkbox"/> CLUB ACCT. <input type="checkbox"/> _____

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

NAME

SIGNATURE

NAME

ACCOUNT ADDRESS

ACCEPTED BY