

# AUTOMATIC TRANSFER AUTHORIZATION

ACCOUNT HOLDERS(S) to be debited: Name: _____ Address: _____ Phone: _____	FINANCIAL INSTITUTION: First Neighbor Bank, N.A. PO Box 500 - 1415 18 <sup>th</sup> Street Charleston, IL 61920
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In this authorization, the words, "we," "our," or "us" mean the Financial Institution and the words "you" or "your" mean the Account Holder(s). Test following a box which is not checked does not apply to this agreement. You authorize us to make the following transfer of funds to?

**First Neighbor Bank's Account holder(s) to be credited:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Checking Account # \_\_\_\_\_

**TO DEBIT ACCOUNT:**

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Type:  Savings  Checking  Other

**We will make transfers on the following basis:**

Amount to be transferred \$ \_\_\_\_\_

Effective Date: \_\_\_\_\_

Termination Date: \_\_\_\_\_

Frequency:  Weekly  Monthly  Other \_\_\_\_\_

If a transfer date is a non-processing day for us then the transfer will be made on the first processing day  
 Before  After the scheduled date.

By signing below, you acknowledge receipt of a copy of this Authorization.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**TERMINATION OF THIS AGREEMENT:** Any one of you may cancel this agreement by giving us written notice.

Effective Date: \_\_\_\_\_

The undersigned cancels this Automatic Transfer Authorization.

Signed \_\_\_\_\_ Date: \_\_\_\_\_