Automatic Transfer Authorization Form

(Please print out and fill in all information in ink. Provide to your financial institution. Keep a copy for your records.)

Your Information	
Name	
Address	
City, State, Zip Code	
Phone Number	

Your Financial Institution Information	
Name	
Address	
City, State, Zip Code	
Phone Number	
Contact Person	

Transfer Information	
Amount to be Transferred	$
Frequency	___ Monthly ___ Weekly
Effective Date	___/____/____
Termination Date	___/____/____

Transfer Funds From	
Account Number	#
Account Name	
Account Type	___ Checking ___ Savings ___ Other (describe)

Transfer Funds To	
Account Number	#
Account Name	
Account Type	___ Savings ___ IRA ___ Other (describe)

This authorization will remain in effect until I/we give written notice to change it. You may terminate this authorization by providing 15 days written notice.

_____ _____

Signature Signature

_____ _____

Date Date