

Automatic Transfer Authorization

Customer Name: _____

Customer Bank: (check one)

- Citizen's State Bank - R/T #101101976
- Morrill & Janes Bank - R/T #101101950
- Hiawatha National Bank - Branch GNB - R/T #101102069

Transfer From

Account Type: _____ Account Number: _____ Amount: _____

Frequency of Transfer: (please check)

- Monthly
- Weekly

Day of the Month or Week: (please check)

- 1st Monday
- 15th Wednesday
- 20th Friday
- 30th

Beginning Date: _____

Transfer To

Citizen's State Bank

First United Methodist General Fund

Account #2009244

R/T Number #101101976

I hereby authorize you to make the transfer(s) indicated about until further notice from me. If this agreement changes any prior authorization between you and me, the prior authorization is hereby cancelled, and I instruct you to follow this authorization. I further acknowledge that you have no responsibility to contact me when the above transfer(s) occur(s). I understand that I can call you to find out whether or not the transfer has been made. I understand that it is my responsibility to have sufficient funds available in my account on the transfer date(s) in order for you to make the automatic payment(s). I acknowledge that if sufficient funds are not available in my account to cover the amount of the transfer(s), the automatic payment(s) may not be made. I further acknowledge that the Financial Institution will not be liable for any charges, including but not limited to, any charges related to items returned because of insufficient funds.

Authorized Signature: _____ Date: _____