

ACCOUNT HOLDER(S)	FINANCIAL INSTITUTION
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AUTOMATIC TRANSFER AUTHORIZATION

In this authorization, the words "we," "our," or "us" mean the Financial Institution and the words "you" or "your" mean the Account Holder(s). Text following a box which is not checked does not apply to this agreement. You authorize us to make the following transfer of funds:

<p style="text-align: center;">From Debited Account:</p> <p>Account No. _____ Account Title _____ _____ Type <input type="checkbox"/> Savings/Share <input type="checkbox"/> Checking/Share Draft <input type="checkbox"/> NOW <input type="checkbox"/> _____</p>	<p style="text-align: center;">To Credited Account:</p> <p>Account/Loan No. _____ Account Title/Loan Description _____ _____ Type <input type="checkbox"/> Savings/Share <input type="checkbox"/> Checking/Share Draft <input type="checkbox"/> NOW <input type="checkbox"/> Club Acct. <input type="checkbox"/> Safe Deposit Fee <input type="checkbox"/> Mortgage Loan Payment <input type="checkbox"/> Instalment Loan Payment <input type="checkbox"/> _____</p>
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We will make transfers on the following basis:

PERIODIC TRANSFERS
Amount to be Transferred \$ _____ Effective Date _____ Termination Date _____
Frequency: Weekly Monthly _____

MAINTENANCE TRANSFER OF FUNDS
You authorize us to charge your Debited Account when the account balance of your Credited Account falls below a minimum of \$ _____ and to transfer and deposit these funds in this account. The amount we can charge and transfer shall equal the amount necessary to raise your Credited Account balance to equal or exceed the minimum balance (if any). We will make all transfers in multiples of \$ _____
You authorize us to charge your Debited Account \$ _____ for each _____

INSUFFICIENT FUNDS TRANSFER
You authorize us to charge your Debited Account and to transfer and deposit money into your Credited Account to cover each overdraft on your Credited Account. We will make all transfers in multiples of \$ _____
You authorize us to charge your Debited Account \$ _____ for each _____

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 transfer date.

By signing below, the undersigned agree(s) to all the terms and conditions beginning on page 1 through the bottom of page 2 of this Authorization.

Signature _____ Signature _____
Authorization Number _____ Date _____

TERMINATION OF THIS AGREEMENT: Any one of you may cancel this agreement by giving us written notice. Your notice will be effective _____ (_____) days after we receive it.

Effective _____ (date) the undersigned cancels this Automatic Transfer Authorization

Signed _____