

# AUTOMATIC TRANSFER AUTHORIZATION

ACCOUNT HOLDER(S) NAME & ADDRESS:	FINANCIAL INSTITUTION:  First Neighbor Bank, N.A. P.O. Box 500 1415 18 <sup>th</sup> Street Charleston, IL 61920
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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 to:

**ST. CHARLES BORROMEO CHURCH**  
**921 MADISON AVE., CHARLESTON, IL 61920**  
Checking Account # \_\_\_\_\_

### FROM DEBITED ACCOUNT:

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

Address \_\_\_\_\_  
\_\_\_\_\_

Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

Type: \_\_\_\_\_ Savings  \_\_\_\_\_ Checking

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

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

Effective 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 transfer 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 \_\_\_\_\_