

# AUTOMATIC TRANSFER AUTHORIZATION

As used in this authorization, "we" and "us" mean the owners of the accounts identified below. "You" and "yours" mean the depository institution named below.

Goodfield State Bank  
P.O. Box 105  
201 S. Eureka St.  
Goodfield, IL 61742  
Phone: 309-965-2221 Fax: 309-965-2482

We authorize and direct you to initiate the following transfer of funds:

AMOUNT TO BE TRANSFERRED: \$ \_\_\_\_\_

**\*\* FROM \*\***

- ACCOUNT #: \_\_\_\_\_  
TITLE OF ACCOUNT (names on the account): \_\_\_\_\_  
TYPE OF ACCOUNT (check one):  
Checking \_\_\_\_\_  
Savings \_\_\_\_\_  
Other (specify) \_\_\_\_\_

**\*\* TO \*\***

- ACCOUNT #: \_\_\_\_\_  
TITLE OF ACCOUNT (names on the account): \_\_\_\_\_  
TYPE OF ACCOUNT (check one):  
Checking \_\_\_\_\_  
Savings \_\_\_\_\_  
Other (specify) \_\_\_\_\_

- Frequency  
Weekly \_\_\_\_\_  
Monthly \_\_\_\_\_  
Semi-Monthly \_\_\_\_\_ (15<sup>th</sup> and EOM)  
Other (specify) \_\_\_\_\_

- Effective Date: \_\_\_\_\_
- Termination Date: \_\_\_\_\_
- Reason:

- Payroll \_\_\_\_\_
- Loan Pmt \_\_\_\_\_
- Other (specify) \_\_\_\_\_

If no Termination date is specified above, this authorization will remain in effect until terminated by any one of us. You may terminate this authorization by giving us ten (10) days written notice at the address stated below. Notice to any one of us is notice to us all.

Occasionally, there may be a need for you to contact us regarding this transaction. Therefore, you will require a current and valid address and telephone number for the account owner(s). If a home address and phone number are not available, my employer's or relative's address and phone number will be acceptable. With no current and valid address and phone number, you reserve the right to terminate this agreement in writing.

If there are any initiation or maintenance fees that we may be assessed, you will provide us a separate disclosure form which must be signed by us. Should fees be required and we fail to sign the disclosure agreement, this authorization agreement may become invalid.

By signing below, we agree to the terms and conditions of this agreement.

X \_\_\_\_\_  
Signature  
\_\_\_\_\_  
Printed or Typed Name  
\_\_\_\_\_  
Today's Date

X \_\_\_\_\_  
Signature  
\_\_\_\_\_  
Printed or Typed Name  
\_\_\_\_\_  
Today's Date

(For office use only)  
Entered on CSI by: \_\_\_\_\_ on \_\_\_\_\_