

# FORM C: Automatic Transfer Authorization

**Financial Institution Name, Address, and Routing Number:**

I/we authorize the Financial Institution (identified above) to make transfers between my/our accounts (identified below) at the Financial Institution as set forth below.

**FROM:**  Checking/Share Draft  Savings/Share Savings

**Account Number:** \_\_\_\_\_

**TO:**  Checking/Share Draft  Savings/Share Savings

Installment Loan

**Account Number:** \_\_\_\_\_

**AS FOLLOWS:**

Periodic Transfers

**Amount to be Transferred:** \$ \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

**Termination Date:** \_\_\_\_\_

**Frequency:**  Weekly  Monthly

Maintenance Transfers

When the balance of the account to which transfers are to be made falls below a minimum of \$ \_\_\_\_\_, transfers will be made in multiples of \$ \_\_\_\_\_ as needed to raise the balance to such minimum. You authorize the Financial Institution to charge a fee of \$ \_\_\_\_\_ to the account from which the transfers are made for each such transfer.

Insufficient Funds Transfer

When I/we overdraw the account to which transfers are to be made, transfers will be made in multiples of \$ \_\_\_\_\_ as needed to cover the overdraft. You authorize the Financial Institution to charge a fee of \$ \_\_\_\_\_ to the account from which transfers are made for each such transfer.

The authorization to make transfers provided herein does not create an obligation on the part of the Financial Institution to make such transfers. My/our accounts with the Financial Institution will remain subject to their account agreement terms and conditions not modified by this authorization.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

**Submit the original to the Financial Institution and retain a copy for your files. Photocopies of this signed document may be made as required for this purpose only.**