

Automatic Transfer Authorization

I authorize The American National Bank to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I can stop payment on any entry by notifying my financial institution 3-days before my account is charged.

Start Date _____ Termination Date _____

Amount to be transferred: \$ _____

Frequency _____ Weekly _____ Monthly _____ Other _____ (specify) _____

From:	Account # _____	If applicable:	_____
	Account Title _____		_____
	Acct. Type _____	Financial Institution _____	_____
	_____	Routing # _____	_____
	_____		_____
	_____		_____
	Other _____		_____

To:	Account # _____	If applicable:	_____
	Account Title _____		_____
	Acct. Type _____	Financial Institution _____	_____
	_____	Routing # _____	_____
	_____		_____
	_____		_____
	Savings _____		_____
	Checking _____		_____
	NOW _____		_____
	Safe Deposit Fee _____		_____
	Club Account _____		_____
	Other _____		_____

Comments for changes to existing autotransfer: _____

Customer Signature _____
Date _____
Employee Completed By _____
Date _____

Accounting Department Use Only	
Branch _____	Sequence _____
Entered by: _____	_____
Date _____	_____

I/We hereby direct you to revoke this Automatic Transfer:

Automatic Transfer Authorization

I authorize The American National Bank to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I can stop payment on any entry by notifying my financial institution 3-days before my account is charged.

Start Date 2-10-16 Termination Date 11-10-16

Amount to be transferred: \$ 1000

Frequency Weekly 8 100 Monthly Other _____ (specify)

From: Account # 345678 If applicable: _____

Account Title John Jones Financial Institution Parson's Bank

Acct. Type Checking Routing # 123456789

9 digit # 1047 of

Next #

To: Account # XXXX If applicable: _____

Account Title Dean Ann Camm. Trust Financial Institution American Natl Bank

Acct. Type Checking Routing # 0759015101

Savings

NOW

Safe Deposit Fee

Club Account

Other

Comments for changes to existing autotransfer: _____

Customer Signature [Signature]
Date 2-10-16

Employee Completed By _____
Date _____

Accounting Department Use Only	
Branch	Sequence
Entered by:	
Date	

I/We hereby direct you to revoke this Automatic Transfer: