

**AUTOMATIC TRANSFER AUTHORIZATION**

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

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

AMOUNT TO BE TRANSFERRED \$ \_\_\_\_\_  
 FREQUENCY  Weekly  Monthly  \_\_\_\_\_  
 EFFECTIVE DATE \_\_\_\_\_ TERMINATION DATE \_\_\_\_\_

FROM: \_\_\_\_\_ TYPE  SAVINGS  
 ACCOUNT NO. \_\_\_\_\_  CHECKING  
 ACCOUNT TITLE: \_\_\_\_\_  NOW  
 \_\_\_\_\_  \_\_\_\_\_

TO: \_\_\_\_\_ TYPE  SAVINGS  CHECKING  
 ACCOUNT NO. \_\_\_\_\_  NOW  INSTAL. LOAN PYMT.  
 ACCOUNT TITLE: \_\_\_\_\_  MORT. LOAN PYMT.  
 \_\_\_\_\_  SAFE DEP. FEE  CLUB ACCT.  
 \_\_\_\_\_  \_\_\_\_\_

These accounts remain subject to their individual terms and conditions, which are not modified by this authorization. If a transfer is made from a savings account, you retain the right to require not less than 7 days written notice of withdrawal.

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 15 days written notice at the address stated below. Notice to any one of us is notice to all of us.

SIGNATURE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_ NAME \_\_\_\_\_

**BANK OF MEAD**  
 P.O. BOX 155  
 MEAD, NE 68041  
 ACCOUNT ADDRESS \_\_\_\_\_

ACCEPTED BY \_\_\_\_\_