



If your account is at First Federal Bank, use this form.

# First Federal Bank

Dickson Main, Centerville, Fairview, Waverly, New Johnsonville, Charlotte, Vanleer, White Bluff, McEwen, Hwy 46, Henslee, Burns

## AUTOMATIC TRANSFER AUTHORIZATION FORM

As used in this authorization, "we" and "us" means the owner 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

\_\_\_\_\_ When account reaches \$ \_\_\_\_\_ balance.

EFFECTIVE DATE \_\_\_\_\_ TERMINATION DATE \_\_\_\_\_

FROM:

ACCOUNT NUMBER \_\_\_\_\_ TYPE \_\_\_\_\_

TO:

ACCOUNT NUMBER \_\_\_\_\_ TYPE \_\_\_\_\_

These accounts remain subject to their individual terms and conditions, which are not modified by this authorization.

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 above. Notice to any one of us is notice to all of us.

\_\_\_\_\_  
CUSTOMER SIGNATURE

\_\_\_\_\_  
CUSTOMER PRINTED NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE