

AUTOMATIC TRANSFER AUTHORIZATION

ACCOUNT HOLDER(S): 	FINANCIAL INSTITUTION: <div style="text-align: center;"> First Neighbor Bank, N.A. 705 E Cumberland Street P.O. Box 217 Greenup, IL 62428 </div>
-----------------------------------	---

AUTOMATIC TRANSFER AUTHORIZATION

In this authorization, the words "we," "our," or "us" mean the Financial Institution and the words "you" or "your" mean the Account Holder(s). Text following a box which is not checked does not apply to this agreement.

You authorize us to make the following transfer of funds:

FROM DEBITED ACCOUNT:

Account Number _____

Type:

- Savings Checking
 Other _____

TO CREDITED ACCOUNT:

Account Number _____

Type:

- Savings Checking Safe Deposit Fee
 Mortgage Loan Payment
 Installment Loan Payment
 Other _____

We will make transfers on the following basis:

PERIODIC TRANSFERS

Amount to be transferred \$ _____
 Effective Date _____ Termination Date _____
 Frequency: Weekly Monthly Other _____

MAINTENANCE TRANSFER OF FUNDS

You authorize us to charge your Debited Account when the account balance of your Credited Account falls below a minimum of \$ _____ and to transfer and deposit these funds in this account. The amount we can charge and transfer shall equal the amount necessary to raise your Credited Account balance to equal or exceed the minimum balance (if any). We will make all transfers in multiples of \$ _____.
You authorize us to charge your Debited Account \$ _____ for each _____.

INSUFFICIENT FUNDS TRANSFER

You authorize us to charge your Debited Account and to transfer and deposit money into your Credited Account to cover each overdraft on your Credited Account.
 We will make all transfers in multiples of \$ _____.
You authorize us to charge your Debited Account \$ _____ for each _____.

If a transfer date is a non-processing day for us then the transfer will be made on the first processing day Before After **the scheduled transfer date.**

By signing below, you acknowledge receipt of a copy of this Authorization.

Signature _____ Date _____

Signature _____ Date _____

TERMINATION OF THIS AGREEMENT: Any one of you may cancel this agreement by giving us written notice. Your notice will be effective _____ days after we receive it.

Effective Date: _____

The undersigned cancels this Automatic Transfer Authorization.

Signed _____ Date _____