

Recurring Transaction Authorization for: Seq #

Transfer from: checking savings Account #

Transfer to: checking savings certificate Loan Account #

In Bank Transfer
 ACH out Tranfer
 Depository Institution name and address & routing number (attach voided check)

Mode

Weekly Bi-weekly Semi-monthly Monthly Calendar Day Specific day of week End of Period

Frequency (for monthly, end of period, specific day of week)

Week of the Month

First Second Third Fourth Last

Day of the Week

Monday Tuesday Wednesday Thursday Friday

Start on: End on:

If transaction falls on a Saturday or Sunday, then process my transaction on: Friday Monday

Amount of Transfer: \$

I hereby authorize The Hamilton Bank (bank), to initiate debit/credit entries as described above. If this is an ACH transaction, I acknowledge that the originator of ACH transactions to my account must comply with the provisions of U.S. law. Unless bank terminates the automatic transaction, this authorization is to remain in full force and effect until bank has received written notification from me of its termination in such time and in such manner as to afford bank and Depository Institution a reasonable opportunity to act on it.

Dated: Signed by:

Please include a voided check with your form and return to the church office.