

**AUTOMATIC BANK TRANSFER FORM**

This form is **OPTIONAL**. Please complete it if you would like to contribute with monthly transfers from your bank account. Please fill out the return **with a voided check** from your checkbook.

I authorize you and the financial institution listed below to initiate electronic entry to my checking or savings account each month. This authority will remain in effect until I have canceled it in writing.

The deduction will be taken in the first half of each month for:

\$\_\_\_\_\_.

The authorization is to remain in full force and effect until the company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act.

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
NAME (Please Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FINANCIAL INSTITUTION

\_\_\_\_\_  
CITY/STATE

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

ROUTING AND TRANSIT NUMBER  
\_\_\_\_\_

TYPE OF ACCOUNT:  CHECKING  
 SAVINGS

I understand that the above company may initiate a reversal of any entry made under this agreement if an error has been made. I understand that the financial institution at which I have the above account is required to provide to me the procedures for resolving errors on entries made under this agreement. I understand that the company will provide a written notice to me of any error within 24 hours.

\_\_\_\_\_  
INITIAL