



Authorization for Automatic Transfer Form

Name _____

Name _____

FROM my/our _____ Account No. _____

To Checking Account No. _____

If my/our Checking account becomes overdrawn, I/we hereby authorize you to transfer from my/our Account No. _____ sufficient funds to cover such overdraft(s), provided that sufficient funds exist at the time of the overdraft(s) in question.

Account Owner SIGNATURE

DATE

Account Owner SIGNATURE

APPROVAL

Reviewed by: _____

I/We cancel the Automatic Transfer from my/our Savings Account and/or Checking Account.

Date: _____

Signature: _____

Signature: _____

Completed By: _____

Reviewed By: _____