

# FIRST FEDERAL Bank of Wisconsin

## Automatic deposit account transfer

The undersigned authorizes and directs said Savings Bank, as agent, to initiate transmatic checks or transfers payable to Savings Bank for amounts, from time to time agreed upon between Savings Bank and Undersigned, to be charged against Undersigned's bank checking or savings account. This agency authorization remains in effect until revoked in writing by undersigned or Savings Bank is made pursuant to proper authority.

Responsibility for further transfer from undersigned's bank checking or savings account of funds originally transferred to it from undersigned's Savings Bank account shall not be that of Savings Bank.

By accepting this agency authorization, Savings Bank agrees that , as long as undersigned's checking or savings account shows a balance sufficient to cover any payment authorized herein, undersigned will not be deemed in default of any contractual payment obligation to the Saving Bank.

Please provide a voided check, if the payment is to be debited from a checking account at another financial institution.

Date: \_\_\_\_\_

### Checking / Savings transfer

Bank Name \_\_\_\_\_

Account Type to debit CHECKING OR SAVINGS \_\_\_\_\_

Account Number to debit \_\_\_\_\_

ABA# \_\_\_\_\_

Amount to Transfer \$ \_\_\_\_\_

Account number to credit 0375002413 (Evangelical & Reformed United Church) \_\_\_\_\_

ABA# 275971692 \_\_\_\_\_

Starting Date: \_\_\_\_\_

Day of the Month 5th (5<sup>th</sup>, 10<sup>th</sup>, 15<sup>th</sup>, 20<sup>th</sup> or 25<sup>th</sup>)

Customer Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_