

AUTOMATIC TRANSFER AUTHORIZATION AGREEMENT

In this authorization the words "we", "our, or "us" mean **The Clay City Banking Company, Clay City, IL** (financial institution) and the words "you", or "your" mean the account holder(s).

ACCOUNT INFORMATION

From (Debited) Account Information

Account: # _____ Type: _____ (Checking, Savings, Loan, Etc.)

Account Title: _____

To (Credited) Account Information

Account: # _____ Type: _____ (Checking, Savings, Loan, Etc.)

Account Title: _____

This Section Should Be Completed Only If the Debit or Credit Account is Held at Another Financial Institution

Customer hereby authorizes *The Clay City Banking Company*, hereinafter called Originating Depository Financial Institution (ODFI) to initiate entries on their behalf to/from the account listed below.

Initial Setup fee of \$5.00

The account listed below is the account to be ___ charged or ___ credited for this recurring transaction.

Bank Name: _____ Routing (ABA)#: _____

Acct #: _____ Acct. Type: ___ Checking ___ Savings ___ Loan

PLEASE ATTACH COPY OF VOIDED CHECK OR DEPOSIT TICKET FOR ACCOUNT AT "OTHER"
FINANCIAL INSTITUTION (Not Clay City Banking Company Account)

TRANSFER OPTIONS

Periodic Transfers

I hereby authorize \$ _____ to be transferred from the account listed above as the "from" account and deposited/credited into the account listed as the "to" account every _____ (frequency: weekly, monthly, bi-weekly, other) beginning on _____ (date) until _____ (termination date) or until further notice if no termination date is given.

Insufficient Funds Transfers (Minimum Transfer Amount \$100.00)

Initial Setup fee of \$5.00

I hereby authorize transfers from the account listed above as the "from" account and deposited/credited into the account listed as the "to" account to cover overdrafts that might otherwise occur in the "to" account. I understand these transfers will be made in increments of \$ _____.

Maintenance Transfers

I hereby authorize transfers both to and from the accounts listed above in order to maintain a minimum and/or maximum balance in my "from" account(s). I would like to keep a minimum balance of \$ _____ and a maximum balance of \$ _____ in the "from" account. These transfers should be made in increments of \$ _____ (minimum of \$100).

Fees: I authorize you to charge either of the above accounts for any fees associated with the transfers hereby authorized.

I, the undersigned depositor(s) hereby agree(s) to all the terms and conditions of this Automatic Transfer Authorization Agreement. Customer acknowledges that the origination of ACH transactions to their account(s) must comply with the provision of U.S. Law. Customer also understands that this authorization is to remain in full force and effect until ODFI has received notification from customer (or either one of us) of its termination in such time and manner as to afford Customer and ODFI a reasonable opportunity to act on it.

Depositor(s) Signature(s)

Date

Printed Name and Address of Customer

Termination/Cancellation

Effective _____ (date) the undersigned hereby cancel this transfer authorization.

(Signature)

Generally – The accounts listed on this authorization are covered by their individual terms and conditions, unless modified by this Authorization. If a transfer is made from a savings account, we reserve the right to require not less than 7 days written notice of withdrawal. You agree to keep enough money in your debited account to cover the transfers you request by this Authorization. If your debited account balance is insufficient to cover the transfers you authorize, we may cancel this Authorization immediately without notice. We may use our rights and remedies under applicable law and our rules and regulations governing these types of accounts. These may include returning your checks, drafts, or electronic transactions unpaid and closing your account(s) by mailing a proper notice to you with a check or draft equal to the balance in the account.

You agree, in consideration of this service rendered by us, to indemnify (repay us for any loss) and hold us harmless (release us from any responsibility) from any liability or loss occurring due to the dishonor of any check, draft or electronic transaction which results from any charge made or refused to be made by us under this authorization. You agree to abide by our rules and regulations governing your account(s) as stated on your account agreement and as amended from time to time. We may take any security measures that we believe are necessary (such as recording telephone transfer conversations) without notice to you.

Loan Payment Authorization – If your credited account listed on this authorization is a debt you owe us (e.g. mortgage or installment loan), then you agree that we may continue to charge the debited account until the loan is paid or until you provide us with written notice of cancellation. If your debited account does not have a sufficient balance on a day that a payment is to be debited, we may stop further efforts to debit your debited account and ask you for the payment and all subsequent payments until all payments under the loan are current. We will not use the availability of any credit line that you may have with us in determining whether your debited account has a sufficient balance. At our option and discretion, we may resume charging the debited account without further instruction from you once all payments are current. If we do not resume charging your debited account, we will notify you in writing that we have cancelled this Authorization. Cancellation of this Authorization does not excuse you from making timely payment under the terms of the loan.

Amendments and Termination – If no termination date is specified on this Authorization, this agreement will remain in effect until terminated by any one of you. We may terminate this Authorization by giving you written notice at the address of record on your account(s). Any notice will be effective immediately when mailed or delivered by us. Notice to any one or multiple account holders is notice to all of you.