



AUTOMATIC TRANSFER AUTHORIZATION
MUST ATTACH VOIDED CHECK IF FROM ANOTHER INSTITUTION

From: Checking Savings Loan
Account Holder's Name: _____
Address: _____
City, State, and Zip Code: _____
Account Number: _____
Routing Number: _____

To: Checking Savings Loan
Account Holder's Name: _____
Account Number: _____
Transfer Amount: \$ _____
Begin Date: _____ Number of Occurrence(s): _____

Frequency of transfer(s):

Daily Monthly
 Weekly Bi-Monthly (every two months)
 Bi-Weekly (every two weeks) Quarterly
 Semi-Monthly (15th & last business day of month)
 Every Four Weeks on: _____ Semi-Annually
 Monthly week one thru four Annually
Week Number: _____ Day of Week: _____

*I/we authorize Legence Bank to make the above stated transfer of funds:
(This authorization is to remain in full force and effect until Legence Bank has received written notification from me (or any authorized account signer on the accounts listed) of its termination in such time and manner as to afford Legence Bank a reasonable opportunity to act on the request.)*

Signature: _____
Date: _____

Signature: _____
Date: _____

For Internal Use Only:

Entered By: _____ Date: _____