



Customer Driven. Community Focused.®

Authorization for External Transfers

I/We hereby authorize Citizens Alliance Bank to electronically debit/credit entries to my/our account, as indicated below, and the financial institution named below, hereinafter called Financial Institution, to debit/credit the same to such account. I/we agree to pay any applicable fees for this service as disclosed in Citizens Alliance Banks Fee Schedule. This authority will remain in effect until I/we notify Citizens Alliance Bank in writing at least ten (10) days prior to the next settlement date. I/we acknowledge that the origination of this transfer to my/our account must comply with the provisions of U.S. law.

External Financial Institution Information

Account Name: _____

Address: _____

Bank Name: _____

Routing Number: _____ Account Number: _____

Amount: _____ Amounts: May or May Not Vary

Type of Account: Checking Savings Loan Type of Transaction: Debit Credit

Frequency of Transfer: _____

Date/Day of Transfer: _____ Start Date: _____

If the transfer falls on a Saturday, Sunday or Federal Reserve holiday, the transfer will automatically be made on the following business day.

Citizens Alliance Bank Information

Account Name: _____

Address: _____

Routing Number: _____ Account Number: _____

Type of Account: Checking Savings Loan Type of Transaction: Debit Credit

Statement of Purpose: _____

Citizens Alliance Bank will make every effort to complete this transfer unless circumstances beyond our control prevent the transfer, despite reasonable precautions that we have taken. All terms and conditions of your Account Agreement apply to this Authorization.

Customer Signature _____ Date _____

Please return the completed authorization form and a voided check to Citizens Alliance Bank – Attn: Electronic Banking Department. If you wish to cancel this authorization, you must notify us in writing thirty (30) days prior to the next scheduled payment.