



Automatic Transfer Authorization

As used in this authorization, "we" and "us" means the owner of the accounts identified below. "You" and "yours" means the depository institution named below.

Amount to be Transferred \$ _____
Frequency: _____ Weekly _____ Monthly _____ Other (specify): _____
Effective Date: _____ **Termination Date:** _____
Number of Payments (if applicable): _____

From:
Institution Name: _____
Account Number: _____
Routing/ABA #: _____
Account Title: _____

Type:
 Checking
 Savings
 Now
 Other (specify): _____

To:
Institution Name: _____
Account Number: _____
Routing/ABA #: _____
Account Title: _____

Type:
 Checking
 Savings
 Now
 Loan
 Other (specify): _____

These accounts remain subject to their individual terms and conditions, which are not modified by this authorization. If a transfer is made from a savings account you retain the right to require not less than seven days written notice of withdrawal.

If no termination date is specified above, this authorization will remain in effect until terminated by any one of us. You may terminate this authorization by giving us fifteen days written notice at the address stated below. Notice to any one of us is notice to all of us.

Signature Date

Printed Name

Accepted By Date

Cancellation:

Signature Date

Printed Name

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Pocahontas, AR 72455

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Corning, AR 72422