


<p><b>ACCOUNT HOLDER(S)</b></p>	 <p><b>WILLIAMSVILLE</b> STATE BANK AND TRUST</p> <p><b>FINANCIAL INSTITUTION</b></p>
---------------------------------	--

**AUTOMATIC TRANSFER AUTHORIZATION**

In this authorization, the words "we," "our," or "us" mean the Financial Institution and the words "you" or "your" mean the Account Holder(s). Text following a box which is not checked does not apply to this agreement. You authorize us to make the following transfer of funds:

<p style="text-align: center;"><b>From Debited Account:</b></p> <p>Account No. _____          Account Title _____          _____          Type  <input type="checkbox"/> Savings/Share    <input type="checkbox"/> Checking/Share Draft    <input type="checkbox"/> NOW  <input type="checkbox"/> _____</p>	<p style="text-align: center;"><b>To Credited Account:</b></p> <p>Account/Loan No. _____          Account Title/Loan Description _____          _____          Type  <input type="checkbox"/> Savings/Share    <input type="checkbox"/> Checking/Share Draft    <input type="checkbox"/> NOW    <input type="checkbox"/> Club Acct.  <input type="checkbox"/> Safe Deposit Fee    <input type="checkbox"/> Mortgage Loan Payment  <input type="checkbox"/> Installment Loan Payment  <input type="checkbox"/> _____</p>
---	---

We will make transfers on the following basis:

**PERIODIC TRANSFERS**  
 Amount to be Transferred \$ \_\_\_\_\_ Effective Date \_\_\_\_\_ Termination Date \_\_\_\_\_  
 Frequency:  Weekly  Monthly  \_\_\_\_\_

**MAINTENANCE TRANSFER OF FUNDS**  
 You authorize us to charge your Debited Account when the account balance of your Credited Account falls below a minimum of \$ \_\_\_\_\_ and to transfer and deposit these funds in this account. The amount we can charge and transfer shall equal the amount necessary to raise your Credited Account balance to equal or exceed the minimum balance (if any). We will make all transfers in multiples of \$ \_\_\_\_\_.  
 You authorize us to charge your Debited Account \$ \_\_\_\_\_ for each \_\_\_\_\_.

**INSUFFICIENT FUNDS TRANSFER**  
 You authorize us to charge your Debited Account and to transfer and deposit money into your Credited Account to cover each overdraft on your Credited Account. We will make all transfers in multiples of \$ \_\_\_\_\_.  
 You authorize us to charge your Debited Account \$ \_\_\_\_\_ for each \_\_\_\_\_.

If a transfer date is a non-processing day for us then the transfer will be made on the first processing day  before  after the scheduled transfer date.

By signing below, the undersigned agree(s) to all the terms and conditions beginning on page 1 through the bottom of page 2 of this Authorization.

Signature \_\_\_\_\_ Signature \_\_\_\_\_  
 Authorization Number \_\_\_\_\_ Date \_\_\_\_\_

**TERMINATION OF THIS AGREEMENT:** Any one of you may cancel this agreement by giving us written notice. Your notice will be effective \_\_\_\_\_ ( \_\_\_\_\_ ) days after we receive it.

Effective \_\_\_\_\_ (date) the undersigned cancels this Automatic Transfer Authorization.

Signed \_\_\_\_\_

