

EBANK

EARLHAM SAVINGS BANK

AUTHORIZATION FOR AUTOMATIC TRANSFER

Name: _____
Address: _____

I (we) hereby authorize EBank to initiate debit entries to my (our) account indicated below at the depository named below, hereinafter, called Bank, to debit the same to such account.

Bank Name: _____
Bank Address: _____
Bank City: _____ State: _____ Zip: _____
Bank Telephone: _____ Account Type: **Checking** **Savings**
Circle One
Routing #: _____ Account #: _____

Please debit my Checking Savings Account for \$ _____

Each: Week Month (1st or 15th) Beginning: _____
(circle one above)

This authorization is to remain in full force and effect until EBank has received a thirty (30) day written notice to the terminations date from me (us) to afford EBank and Bank a reasonable opportunity to act on it.

Signed and agreed to this day of _____.

AUTHORIZATION

ACKNOWLEDGEMENT

Printed Name (s)

Printed Signor for Granger Assumption Church

Signature (s)

Signature

The information provided here is a true and accurate record and we are eligible to authorize the transaction above. This authorization may be revoked by notifying EBank in the manner described above.

Staple Voided Check Here