

AUTOMATIC TRANSFER AUTHORIZATION

Recurring #:

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

We authorize and direct you to make the following transfer of funds:

Amount to be transferred:

Frequency:

Monthly

Annually

Weekly

Semi Annually

Bi Weekly

Day of the Month

1st _____

5th _____

15th _____

20th _____

Effective date:

Termination Date:

From:

Account Owner (s):

Depository Name:

ABA #:

Account #:

Account Type:

If payment overdraws the account listed above, an overdraft fee will be charged.

To:

Account Owner (s): St. Mark Church - Edgewood IA

Depository Name:

ABA #:

Account #:

Account Type:

Fee Charged: NONE

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, we retain the right to require not less than 7 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 15 days written notice at the address stated below. Notice to any one of us is notice to all of us.

For overdraft protection: transfer from savings to checking or checking to savings, a fee will be charged.

Signature Date

Signature Date

Name

Name

Community Savings Bank
PO Box 77
Edgewood, Iowa 52042

Bank Representative Date

Complete form and return to Parish Office