AUTHORIZATION FOR AUTOMATIC ACCOUNT TRANSFER

DATE OF AUTHORIZATION: 04/30/2010

ACCOUNT OWNER'S NAME(S)	FINANCIAL INSTITUTION NAME AND ADDRESS
	Payne County Bank P.O. Box 579 Perkins, OK 74059
ACCOUNT OWNER'S ADDRESS ,	

AUTHORIZATION

AUTHORIZATION. The Owner(s) of the Account(s) shown below authorize and direct the Financial Institution to transfer funds as follows:

TRANSFER AMOUNT: ☐ _____

☐ Account Balance in excess of _____ as of the transfer date.

START DATE (if other than Date of Authorization): _____ **TERMINATION DATE:** _____

FREQUENCY: ☐ **Weekly** ☐ **Monthly** ☐ **Quarterly** ☐ **As Needed (Overdraft Protection)**

☐ **Other:**

TRANSFER FEE: ☐ _____ per transfer

FROM	TO
Account No. _____ Account Title:	Account No. _____ Account Title:
☐ Savings ☐ Checking ☐ Other _____	☐ Savings ☐ Checking ☐ Loan Payment _____ ☐ Other _____

ADDITIONAL PROVISIONS: This Authorization does not change or modify any of the terms or conditions of the Accounts described above. If no Termination Date is specified, this Authorization will remain in effect until terminated by one of the parties named above. An Owner may terminate this Authorization by giving 15 days written notice to the Financial Institution at the above address. For jointly-owned accounts, the Financial Institution may rely on a notice of termination from one of the joint owners. The Financial Institution may terminate this Authorization immediately upon giving written notice to the Account Owner(s) at the above address. **For any transfer from a savings deposit account, the Financial Institution reserves the right to require not less than 7 days written notice of withdrawal.**

FINANCIAL INSTITUTION SIGNATURE	ACCOUNT OWNER'S SIGNATURE(S)
By: _____	_____ _____ _____ _____ _____ _____