

AUTOMATIC TRANSFER AUTHORIZATION

ACCOUNT HOLDER(S) NAME & ADDRESS:	FINANCIAL INSTITUTION: First Neighbor Bank, N.A. P.O. Box 500 1415 18 th Street Charleston, IL 61920
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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 to:

ST. CHARLES BORROMEO CHURCH
921 MADISON AVE., CHARLESTON, IL 61920
Checking Account # _____

FROM DEBITED ACCOUNT:

Bank Name _____

Address _____

Account Number _____ Routing Number _____

Type: _____ Savings _____ Checking

We will make transfers on the following basis:

Amount to be transferred \$ _____

Effective Date _____

Frequency: _____ Weekly _____ Monthly Other _____

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, you acknowledge receipt of a copy of this Authorization.

Signature _____ Date _____

Signature _____ Date _____

TERMINATION OF THIS AGREEMENT: Any one of you may cancel this agreement by giving us written notice.

Effective Date: _____

The undersigned cancels this Automatic Transfer Authorization.

Signed _____ Date _____