

Recurring Transaction Authorization for:  Seq #

Transfer from:  checking  savings Account #

Transfer to:  checking  savings  certificate  Loan Account #

PLEASE DO NOT WRITE ABOVE THIS LINE

In Bank Transfer  
 ACH out Tranfer  
Depository Institution name and address & routing number (attach voided check)

Mode

Weekly  Bi-weekly  Semi-monthly  Monthly  Calendar Day  Specific day of week  End of Period

Frequency (for monthly, end of period, specific day of week)

Week of the Month

First  Second  Third  Fourth  Last

Day of the Week

Monday  Tuesday  Wednesday  Thursday  Friday

Start on:  End on:

If transaction falls on a Saturday or Sunday, then process my transaction on:  Friday  Monday

Amount of Transfer: \$

I hereby authorize The Hamilton Bank (bank), to initiate debit/credit entries as described above. If this is an ACH transaction, I acknowledge that the originator of ACH transactions to my account must comply with the provisions of U.S. law. Unless bank terminates the automatic transaction, this authorization is to remain in full force and effect until bank has received written notification from me of its termination in such time and in such manner as to afford bank and Depository Institution a reasonable opportunity to act on it.

Dated:  Signed by: \_\_\_\_\_

Please include a voided check with your form and return to the church office.