

SENDER NAME(S): (FROM)
 CUSTOMER OFAC CHECKED

RECEIVER NAME(S): (TO)
 CUSTOMER OFAC CHECKED

CENTRAL SAVINGS BANK
511 BINGHAM AVENUE
PO BOX 339
SAULT STE. MARIE, MI 49783
906-635-6250

EXTERNAL AUTOMATIC TRANSFER AUTHORIZATION (New and Add requests require 2-3 Business days to process. Change or Delete requests may take up to 10 business days or longer if any existing payment transactions are already in progress) In this authorization, the words "we," "our," or "us" means 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:

DEBITED FROM ACCOUNT:
ROUTING # _____
ACCOUNT # _____
ACCOUNT TITLE: _____
TYPE:
 SAVINGS/SHARE CHECKING/SHARE DRAFT NOW
 OTHER _____

CREDITED TO ACCOUNT:
ROUTING # _____
ACCOUNT/LOAN # _____
ACCOUNT TITLE/LOAN DESCRIPTION: _____
TYPE:
 SAVINGS/SHARE CHECKING/SHARE DRAFT NOW
 CLUB ACCT SAFE DEPOSIT FEE
 MORTGAGE LOAN PAYMENT INSTALLMENT LOAN PAYMENT

We will make transfers on the following basis:

PERIODIC TRANSFERS: (For an one time transfer, please select other)
Amount to be transferred \$ _____ Effective Date _____ Termination Date _____
Frequency: Weekly Monthly Other: _____

MAINTENANCE TRANSFER OF FUNDS:
You authorize us to charge your Debited Account when the account balance of your Credit Account falls below a minimum of \$ _____ and to transfer and deposit these funds in this account. The amount we can charge and transfer shall equal the amount necessary to raise your Credit Account balance to equal or exceed the minimum balance (if any). We will make all transfer in multiples of \$ _____. You authorize us to charge your Debited Account \$ _____ for each _____.

INSUFFICIENT FUNDS TRANSFER:
You authorize us to charge you Debited Account and to transfer and deposit money into your Credited Account to cover each overdraft on your Credited Account. We will make all transfers in multiples of \$ _____. You authorize us to charge your Debited Account \$ _____ for each _____. 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, the undersigned agree(s) to all the terms and conditions beginning on page 1 through the bottom of page 2 of this Authorization.

Signature _____ Signature _____
Authorization # _____ Date _____

TERMINATION OF THIS AGREEMENT: You may terminate this agreement by signing below. Termination takes effect (10) days* after receipt of this signed notice. *NOTE : If any payment transactions are in process at the time this termination is executed, the effective date of this termination may be extended solely to allow for completion of such payments.

Effective _____ (date) the undersigned cancels this Automatic Transfer Authorization.
Signed _____