



AUTOMATIC TRANSFER INSTRUCTION

As used in this authorization, "we" and "us" means the owners of the accounts identified below. "You" and "yours" means Heritage Bank.

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

Amount & Schedule of Transfers:

Amount to be transferred: \$ _____

Frequency: ☐ Weekly ☐ Monthly

☐ _____

Effective Date _____

Termination Date _____

From:

Account Number: _____

Account Title: _____

Bank Name: _____

Bank ABA #: _____

Type: ☐ Checking ☐ Savings

To:

Account Number: _____

Account Title: _____

Bank Name: _____

Bank ABA #: _____

Type: ☐ Checking ☐ Savings ☐ Loan Payment / Loan # _____

☐ Safe deposit box fee

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, you 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.

Signature

Signature

Name

Name

Account Address

City, State, ZIP

Employee Approval

2nd Employee Approval