



American State Bank

& Trust Company

Request for Automatic Transfer/Release of Automatic Transfer

Date of Request: _____

Date Release Requested: _____

I hereby authorize American State Bank & Trust Company to automatically debit account number _____ and credit account number _____ in the amount of \$_____.

This is to be done

____ Weekly

____ Monthly

____ As needed to cover overdrafts – *I understand there will be a \$7.00 fee assessed to my checking account each time one of these transfers occur.*

If weekly state day-

____ Mon ____ Tues ____ Wed ____ Thurs ____ Fri

If monthly state calendar day- _____

Special Instructions

I understand and agree that I will have sufficient collected funds on deposit on the above transfer date. I further understand that it will be my responsibility to record such transfer in my check register. I also agree to hold American State Bank & Trust Company harmless for any overdrafts and related charges that may occur as a result of these transfers. I may void this order for future transfers at any time by written request to American State Bank & Trust Company.

Owner

Owner

Route to Operations for scanning.

Revised 11/16