

Employee Initials _____

**Community First Banking Co
Transfer and Loan Payment Authorization**

I/We authorize and direct the Community First Banking Company to make the following transfer of funds:

AMOUNT TO BE TRANSFERRED: \$ _____

FREQUENCY: Weekly Bi-Weekly Monthly One Time

EFFECTIVE DATE: _____ TERMINATION DATE:

From:

Routing Number:

Account Number:

Account Title:

Savings Checking Loan _____

To:

Routing Number:

Account Number:

Account Title:

Savings Checking Loan _____

These accounts remain subject to their individual terms and conditions, which are not modified by this authorization. Should insufficient funds be available, all normal overdraft and late payment fees will be applied.

I (we) understand that this authorization will remain in full force and effect until I (we) notify Community First Banking Company that I (we) wish to revoke this authorization. I (we) understand that Community First Banking Company requires at least 2 business days prior notice in order to cancel this authorization.

Customer Signature

Employee Signature

Date

Date