

AUTOMATIC TRANSFER

Farmers State Bank
P.O. Box 190
Victor, MT 59875

I, _____, hereby authorize Farmers State Bank to handle the following transfer commencing on _____, 20____ and continuing each month/quarter/year (circle one) thereafter until you receive written instructions to alter or delete the transaction.

Debit Account # _____ in the amount of \$ _____

Name on Account _____

Credit Account # _____

Name on Account _____

Date: _____

Signature: _____ Employee Initial _____

Printed Signature: _____

I wish to cancel this transaction. Starting this _____ day of _____, 20____.

Customer Signature

Farmers State Bank reserves the right to require notice in writing of an intended withdrawal from a savings account of not less than seven (7) days before such withdrawal is made.