

ACH Transfer Agreement

As used in this agreement, "I" means the owner(s) of the accounts identified below. "Bank" means Farmers Trust and Savings Bank, Spencer, IA.

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

AMOUNT TO BE TRANSFERRED \$ _____ FEE \$ _____
FREQUENCY Weekly Monthly Other _____
EFFECTIVE DATE _____ TERMINATION DATE _____

FROM:	
ACCOUNT NUMBER _____	BANK ROUTING # _____
ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
BANK NAME _____	CITY, STATE _____
ACCOUNT TITLE _____	

TO:	
ACCOUNT NUMBER _____	BANK ROUTING # _____
ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN	
BANK NAME _____	CITY, STATE _____
ACCOUNT TITLE _____	

I hereby authorize Farmers Trust and Savings Bank (the "Bank") to execute the automatic transfers shown above in a manner consistent with the Deposit Agreement and to initiate any entries and adjustments made for the purpose of correcting any entries made in error. I understand that under federal law, certain accounts have limits on the number of withdrawals allowed, i.e. money market and savings accounts. I understand that if I exceed these restrictions, I may incur service charges per my deposit agreement, and federal law requires the Bank to close or convert any account for repeated violations. I understand that if the selected transfer day falls on a weekend or holiday, the transfer will be made on the next business day. This authority will remain in effect until the above stated Termination Date or until the Bank receives written notification of my desire to terminate this Agreement in such time and in such a manner as to afford the Bank a reasonable opportunity to act upon such notice. Such reasonable time cannot be less than three business days prior to the desired date of termination. I understand that such written termination must be on a form provided by the Bank. I understand and agree that a scheduled transfer may be cancelled by the Bank at any time, without notice, if the balance in the above designated account is not sufficient to cover that authorized transfer; I further understand that if the funds in the designated account are, or continue to be, insufficient, the Bank, at its sole discretion and without notice, may terminate this Agreement. If funds are not available on the date a transfer is scheduled to occur, the transfer will not occur until funds are available. Overdraft fees may apply.

Customer Signature

Date

Customer Signature

Date

Customer Signature

Date