



AUTOMATIC TRANSFER AUTHORIZATION

Please print, complete and fax to (928) 445-0643 or deliver to 147 N. Cortez, Prescott, AZ.

Account _____
Holder: _____

Financial Institution: Country Bank
Main Office
147 N. Cortez
Prescott, AZ 86301

PAYEE INFORMATION

Payee Name: _____
Address: _____
City, State, Zip: _____

PAYOR INFORMATION

Payor Name: _____
Address: _____
City, State, Zip: _____

INSTRUCTIONS

Frequency: _____
First Transfer Date: _____

ALLOCATION OF DEPOSIT TO ACCOUNT(S)

Account Type	Account Number	Amount
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AGREEMENT

I/We hereby authorize you to make the transfer(s) indicated above until further notice from me/us. If this agreement changes any prior authorization between you and me/us, the prior authorization is hereby cancelled, and I/we instruct you to follow this authorization. I/We acknowledge that I/we have received an Electronic Funds Transfer Disclosure Statement which describes your and my/our rights and responsibilities concerning the above transfer(s), and that it is incorporated by reference into this authorization agreement. I/We further acknowledge that you have no responsibility to contact me/us when the above transfer(s) occur(s). I/We understand that I/we can call you to find out whether or not the transfer has been made. This agreement is dated _____.

ACCOUNT HOLDER:

X _____
Authorized Signer

X _____
Authorized Signer