

External (ACH) Automatic Transfer Authorization

New Transfer Change Existing Transfer Delete Existing Transfer

SENDING ACCOUNT INFO

Customer Name _____

Account Number _____

Bank Name _____

Account Type Checking/MMDA/NOW Statement Savings

RECEIVING ACCOUNT INFO

Customer Name Unity Church on the North Shore

Bank Name First Bank & Trust

Account Number _____

Routing (ABA)# _____

Account Type Checking/MMDA/NOW Statement savings

TRANSFER OPTIONS

Weekly Monday Tuesday Wednesday Thursday Friday

Bi-Weekly Monday Tuesday Wednesday Thursday Friday

Monthly on _____ (date) Quarterly Semi-Annually Annually

Transfer Amount _____ Start Date _____ End Date _____

Note: If the option selected falls on a non-business day the transfer will be made on the next business day. The receiving account will be credited up to two days after the sending account is debited.

I authorize First Bank & Trust (FBT) to withdraw funds from the sending bank and credit the receiving accounts listed above. I understand that I may change or cancel this authorization by giving written notice in such time and manner as to afford FBT reasonable opportunity to act. This authorization will remain in effect until the given end date or until I so instruct. All accounts listed are subject to the terms and conditions set forth in the Account Agreement and Disclosure Statement. I am aware that the sending or receiving account held at First Bank & Trust will be charged a \$ 5.00 fee per occurrence.

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____

INTERNAL USE ONLY

Accepted By _____ Date _____ Branch _____

Date Processed _____ Input By _____ Code _____

FIRST BANK & TRUST

EVANSTON | SKOKIE | WINNETKA | ITASCA | NAPERVILLE



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