

AUTOMATIC TRANSFER AUTHORIZATION TERMS AND CONDITIONS

In this authorization, the words “we” and “ours” refer to Denison State Bank. The words “you” and “your” refer to the account holder(s). Text following a box which is not checked does not apply to this agreement.

GENERALLY – The accounts listed on page two(2) remain subject to their individual terms and conditions, unless specifically modified by this authorization. This includes but is not limited to all minimum balance requirements as well as limits on withdrawals. You agree to abide by our rules and regulations governing your account(s) as stated on your account agreement and as amended from time to time. We may take any security measures that we believe are necessary (such as recording telephone transfer conversations) without notice to you.

INSUFFICIENT FUNDS - You agree to keep enough money in your Debit Account to cover the transfers you request by this authorization. We will not use the availability of any line of credit that you may have with us in determining whether your Debit Account has a sufficient balance.

If your Debit Account balance is insufficient to cover the transfers you authorize, we may cancel this authorization immediately without notice. We may also use our rights and remedies under applicable law and our rules and regulations governing these types of accounts. These may include returning your checks or drafts unpaid and closing your account(s) by mailing a proper notice to you with a check or draft equal to the balance in the account. At our option and discretion, we may resume charging the Debit Account without further instruction from you once all payments are current. If we do not resume charging your Debit Account, we will notify you in writing that we have canceled this authorization.

You agree, in consideration of this service rendered by us, to indemnify (repay us for any loss) and hold us harmless (release us from any responsibility) from any liability, loss, and/or fees incurred due to the dishonor of any check or draft presented which results from any charge made or refused to be made by us under this authorization.

PROCESSING DAY – If a scheduled transfer date falls on a non-business day, the transfer will occur on the last business day prior to the scheduled transfer date. Denison State Bank observes all Federal Reserve Holidays.

LOAN PAYMENT AUTHORIZATION – If your Credited Account listed on page two(2) is a debt you owe us (e.g. a mortgage or installment loan), then you agree that we may continue to charge the Debit Account until the loan is paid in full or until you provide us with written notice of cancellation. Cancellation of this authorization does not excuse you from making timely payment under the terms of the loan.

AMENDMENTS AND TERMINATION – We will give you reasonable notice when we amend this authorization. If this authorization needs to be amended because of a change in State or Federal law, the change shall be effective immediately without notice. If no termination date is specified on page two(2), this authorization will remain in effect until terminated by you. We may terminate this authorization by giving you written notice at the address listed in your customer file. Any notice will be effective immediately when mailed or delivered by us. Notice to any one of us is notice to all of us.



Automated Recurring Transfer Agreement For Accounts Held At Denison State Bank

Printed Name of Person Initiating Request: _____
Daytime Phone Number: _____

Funds Transfer From (Debit Account):

Funds Transfer To (Credit Account):

Owner's Name/Acct Title: _____
Account Number: _____
Account Type: _____

Owner's Name/Acct Title: _____
Account Number: _____
Account Type: _____

I hereby authorize Denison State Bank to originate a recurring transfer using the following parameters:

Description of Transfer:

INSUFFICIENT FUNDS TRANSFER (Overdraft Protection)

You authorize us to charge the Debit Account listed above and deposit into the Credit Account to cover each overdraft on your Credit Account. The transfers are made in multiples of \$50.00 until the overdraft is covered. If there are not sufficient funds in the Debit Account to cover the transfer amount, no funds will be transferred. If the Debit Account has reached its limit on withdrawals in the current statement period, no funds will be transferred.

PERIODIC TRANSFER

Amount of recurring transfer \$ _____ Date transfer should begin _____
Frequency of transfer will be; __monthly __weekly __bi-weekly __Other term (*describe other term here*): _____

This transfer is to continue; __ until separate notice is given __ until Termination Date: _____

By signing below, the undersigned, as well as all other owners of the Debit Account and Credit Account listed above understand and agree(s) to all terms and conditions beginning on page 1 through the bottom of page 2 of this authorization.

Signature of Debit Account-Holder: _____ **Date:** _____

Signature of Credit Account-Holder (if different): _____ **Date:** _____

TO SUBMIT:

- FAX:** Fax to Denison State Bank, Attn: Bookkeeping, at 785-364-5490.
- Mail:** Mail to Denison State Bank, Bookkeeping Dept. , PO Box 71, Holton, KS 66436.
- Deliver:** To any Denison State Bank location or night-drop box.

Questions? Contact the bookkeeping department at 1-800-633-2423 or 785-364-3131.

FOR INTERNAL USE: Prepared by: _____ Date: _____
Processed by: _____ Date: _____