



Automatic Transfer Authorization

As used in this authorization, "we" and "us" means the owners of the accounts identified below. "You" and "yours" means the depository institution names below.

We authorize and direct you to make the following transfer of funds:

Amount to be transferred: \$			
Frequency:	Weekly	Monthly	
Effective date:	Termination date:		
From:	Account type:	Savings	
Account #:		Checking	
Account name:		Money Market	
To:	Account type:	Savings	Money Market
Account #:		Checking	College CD
Account name:		Installment loan payment	

These accounts remain subject to their individual terms and conditions, which are not modified by this authorization. If a transfer is made from a savings account, you retain the right to require not less than 7 days written notice of withdrawal.

If no termination date is specified above, this authorization will remain in effect until terminated by any one of us. You may terminate this authorization by giving us 15 days written notice at the address stated below. Notice to any one of us is notice to all of us.

Signature

Date

Signature

Date

Name:

Name:

Account street address:

City:

State: ZIP:

Mail signed form to:

Washington Savings Bank
200 South Banker Street
PO Box 707
Effingham, IL 62401

Accepted by (Financial Institution use only)