

AUTOMATIC ACH TRANSFER AUTHORIZATION

I (we) authorize and direct you to make the following transfer of funds: AMOUNT TO BE TRANSFERRED \$_____ DATE OF MONTH TO BE TRANSFERRED _____ EFFECTIVE DATE: _____TERMINATION DATE: ____ FROM: ACCOUNT #: _____ SAVINGS TYPE OF ACCOUNT: CHECKING ACCOUNT TITLE: BANK NAME: _____ ROUTING NUMBER: ____ BANK ADDRESS: TO: ACCOUNT #: _____ SAVINGS TYPE OF ACCOUNT: CHECKING LOAN PAYMENT ACCOUNT TITLE: BANK NAME: _____ ROUTING NUMBER: _____ BANK ADDRESS: _____ This transfer is to remain in full force and effect until NBC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford NBC and Depository a reasonable opportunity to act on it. I (we) hereby authorize NBC to initiate ACH entries (credit or debit) or correcting entries (credit or debit). SIGNATURE PRINTED NAME DATE PRINTED NAME SIGNATURE DATE **FOR INTERNAL USE ONLY** INPUT BY: _____DATE: _____