



## 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: <input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
Effective Date: _____	Termination Date: _____
<b>From</b>	
Account Number: _____	
Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Money Market	
<b>To</b>	
Account Number: _____	
Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Money Market <input type="checkbox"/> Loan <input type="checkbox"/> CD	

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 of us. You may terminate this authorization by giving us 15 days written notice at the address stated below. Notice to any of us is notice to all of us.

_____	_____	_____	_____
Name		Name	
_____	_____	_____	_____
Signature	Date	Signature	Date

Mailing Address: \_\_\_\_\_

Mail signed form to Carter County Bank, PO Box 1990 Elizabethton, TN 37644

