

ACCOUNT HOLDER(S)	<b>Peoples State Bank</b> <b>P.O. Box 158</b> <b>Munising, MI 49862</b>
ACCOUNT HOLDER(S)	FINANCIAL INSTITUTION

**AUTOMATIC TRANSFER AUTHORIZATION**

In this authorization the words "we," "our," or "us" mean the financial institution and the words "you" or "your" mean the Account Holder(s). Text following a box which is not checked does not apply to this agreement. You authorize us to make the following transfer of funds:

From Debited Account:	To Credited Account:
Account No. _____	Account No. _____
Account Title _____	Account Title _____
Type <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> NOW <input type="checkbox"/> _____	Type <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> NOW <input type="checkbox"/> Safe Box <input type="checkbox"/> Mortgage <input type="checkbox"/> Installment <input type="checkbox"/> Christmas Club <input type="checkbox"/> _____

We will make the above transfer on the following basis:

**PERIODIC TRANSFERS**  
Amount to be transferred \$ \_\_\_\_\_ Effective Date \_\_\_\_\_ End Date \_\_\_\_\_  
Frequency:  Weekly    Monthly    \_\_\_\_\_

**OVERDRAFT ACCOUNT TRANSFER**  
You authorize us to transfer from your  Savings    Checking Account No. \_\_\_\_\_ to your Checking Account No. \_\_\_\_\_ in the event that checks presented for payment would create an overdraft to said checking account. Minimum balance to be maintained in the checking account is:

- \$ 0.00 \_\_\_\_\_
- \$ 100.00 \_\_\_\_\_
- \$ 500.00 \_\_\_\_\_
- \$ 1,000.00 \_\_\_\_\_

If a transfer date is a non-processing day for us then the transfer will be made the first processing day after the scheduled transfer date.

By signing below, the undersigned agree(s) to all the terms and conditions beginning on page 1 through the bottom of page 2 of this Authorization.

Signature _____	Signature _____
Date _____	Date _____

**Termination of this Agreement:** Any one of you may cancel this agreement by giving us written notice, notice can be sent to the address above or dropped off at any branch location. Your notice will be effective upon receipt.

Effective \_\_\_\_\_ (date) the undersigned cancels this Automatic Transfer Authorization.

Signed \_\_\_\_\_

**Generally** - The accounts listed on page one are covered by their individual terms and conditions, unless modified by this Authorization. If a transfer is made from a savings account, we reserve the right to require not less than 7 days written notice of withdrawal.

You agree to keep enough money in your Debited Account to cover the transfers you request by this Authorization. If your Debited Account balance is insufficient to cover the transfers you authorize, we may cancel this Authorization immediately without notice. We may 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.

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 or loss occurring 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. 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.

**Loan Payment Authorization** - If your Credited Account listed on page one is a debit you owe us (e.g. a mortgage or installment loan), then you agree that we may continue to charge the Debited Account until the loan is paid or until you provide us with written notice of cancellation.

If your Debited Account does not have a sufficient balance on a day that a payment is to be debited, we may stop further efforts to debit your Debited Account and ask you for the payment and all subsequent payments until all payments under the loan are current. We will not use the availability of any credit line that you may have with us in determining whether your Debited Account has a sufficient balance. At our option and discretion, we may resume charging the Debited Account without further instruction from you once all payments are current. If we do not resume charging your Debited Account, we will notify you in writing that we have cancelled this Authorization. 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 one, this Authorization will remain in effect until terminated by any one of you. We may terminate this Authorization by giving you written notice at the address stated on page one. Any notice will be effective immediately when mailed or delivered by us. Notice to any one of you is notice to all of you.

**MAIL TO:** Peoples State Bank of Munising  
Attn: Deposit Operations Department  
P.O. Box 158  
Munising, MI 49862

**OR DROP OFF AT ANY BRANCH OFFICE**

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**BRANCH USE:**

BRANCH: \_\_\_\_\_ EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_

TERMINATION DATE: \_\_\_\_\_ EMPLOYEE: \_\_\_\_\_

TERMINATION REASON: \_\_\_\_\_

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