

Automatic Transfer Authorization

Community Bank of Louisiana
P.O. Box 1308; 118 Jefferson Street
Mansfield, LA 71052
Phone 318-872-3831 • Fax 318-872-9707

As used in this authorization, “we” and “us” mean the owners of the accounts identified below. “You” and “yours” mean the depository institution named below.

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

AMOUNT TO BE TRANSFERRED: \$ _____

FREQUENCY: Weekly Monthly Biweekly Other _____

EFFECTIVE DATE _____ TERMINATION DATE _____

FROM: BANK: _____ RTG #: _____ ACCOUNT #: _____ ACCOUNT TITLE: _____ TYPE <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Loan <input type="checkbox"/> _____	TO: BANK: _____ RTG #: _____ ACCOUNT #: _____ ACCOUNT TITLE: _____ TYPE <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Loan <input type="checkbox"/> _____
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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 3 days written notice of withdrawal.

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

_____ Date

_____ Date

_____ Date

_____ Date

_____ Date

_____ Date

FOR OFFICE USE ONLY

ORIGINATED _____

PROCESSED _____