

AUTOMATIC TRANSFER AUTHORIZATION

I authorize Knox County Community Center to initiate debit entries and, if necessary, to initiate any credit entries to correct an erroneous credit entry to my account at the Depository (identified below), for the purpose of automatically depositing funds to my account.

Name of Financial Institution (routing number): _____

Account Number: _____

Type of account: (Circle One) Checking Savings

Amount to be Transferred: _____

Effective date of Transfer: 5th – 10th

Frequency of Transfer: Monthly

I, hereby agree to keep enough money in my account listed above to cover the transfer by this Authorization. If the account balance is insufficient, I acknowledged this Authorization may be canceled immediately with notice. A charge of \$10.00 will be accessed for an insufficient fund transfer. I understand my membership could be cancelled with an insufficient fund transfer.

Customer

Date

Name: (Please print) _____

I understand that this authorization replaces any previous authorization and will remain in full force and effect until Knox County Community Center has received written notification from me of its termination in such time and in such a manner as to afford the Knox County Community Center a reasonable opportunity to act on it.

Signature

Date