

## **Automatic Transfer or Payment Authorization**

As used in this authorization, "I", "we", and "us" means the owner(s) of the accounts identified below. "You" and "yours" means Bank of New Hampshire.

make the following transfer of funds, and to initiate, if indicated below.	necessary, adjust	Port #:
Customer Name:		
Type of Request:		
New Date of First Transfer: _		Frequency: Weekly
Revocation Termination Date: _		Monthly
Change		Other
Transfer Amount:		
FROM:		
BNH	Account Type:	☐ Checking ☐ Savings ☐ Loan
Other Financial Institution	Account #:	
	Transit/ABA#:	
TO:		
BNH	Account Type:	☐ Checking ☐ Savings ☐ Loan
Other Financial Institution	Account #:	
	Transit/ABA#:	
This authority is to remain in full force and effect until me (or either of us) of its termination in such time reasonable opportunity to act on it. I (or either of DEPOSITORY at such time as to afford DEPOSITOR	and in such mai	nner as to afford COMPANY and DEPOSITORY a to stop payment of a debit entry by notification to
These accounts remain subject to their individual ter transfer is made from a savings account, you retain the termination date is specified above, this authorizater this authorization by giving us 15 days writing one of us is notice to all of us.	he right to require ition will remain in	not less than 7 days written notice of withdrawal. If a effect until terminated by any one of us. You may
Signature:		Date:
Bank Use Only:		
Request Completed By:		Date:
Maintenance Completed By:	Date:	