



**Request for
Automatic Transfer/
Release of Automatic
Transfer**

Date of Request:

Date Release Requested:

I hereby authorize American State Bank & Trust Company to automatically debit my account number _____ and credit account number _____ in the amount of \$ _____ .

This is to be done - WEEKLY; MONTHLY; BI-MONTHLY; OTHER

If **weekly** (check box beside the day): MON TUES WED THUR FRI

If **monthly** - enter date of first auto-debit(s) (Example: 3/1/2007):

If **bi-monthly or other** (please describe)

I understand and agree that I will have sufficient collected funds on deposit on the above transfer date. I further understand that it will be my responsibility to record such transfers in my check register. I also agree to hold American State Bank & Trust Company harmless for any overdrafts and related charges that may occur as a result of these transfers. I may void this order for future transfers at any time by written request to American State Bank & Trust Company

_____ (Authorized Signature/Signatures*)

* Automatic transfers must be authorized by the owner(s) of the account to be debited.