



Friends you can bank on.

Automatic Transfer Authorization

I/We authorize Legence Bank to make the following transfer of funds:

From Account Name: _____

Address: _____

City, State and Zip Code: _____

From: Checking From: Savings

FROM Account Number: _____

From Routing Number if another institution: _____

MUST ATTACH VOIDED CHECK IF FROM ANOTHER INSTITUTION

Amount to be transferred: \$ _____

TO Account Name: _____

TO Account Number: _____

To Account Type: Checking Savings Loan

Begin Date: _____ Number of Occurrence(s): _____

Frequency of transfer(s):

Annually Bi-Monthly (every two months) Bi-Weekly (every two weeks)

Daily Weekly Monthly Quarterly

Semi-Annually Semi-Monthly (15th and end of month ONLY)

Every Four Weeks On: _____ (Specify Day of the Week)

Monthly Week One Thru Four - (Specify Week Number and Day of the Week)

_____ Week Number _____ Day of Week

Signature: _____

Date: _____

Signature: _____

Date: _____

For Internal Use Only:

Entered By: _____

Date: _____