



Florida Parishes Bank

Automatic Funds Transfer Authorization

Account Holder Name: _____

| | |
|-----------------------|--------------------------|
| Transfer From: | check one below |
| Checking | <input type="checkbox"/> |
| Savings | <input type="checkbox"/> |

| | |
|------------------|-------|
| Bank Name | _____ |
|------------------|-------|

(if other than FPB)

| | |
|-----------------------|-------|
| Routing Number | _____ |
|-----------------------|-------|

(if other than FPB)

| | |
|-----------------------|-------|
| Account Number | _____ |
|-----------------------|-------|

(staple voided check to this form)

| | |
|---------------|-------|
| Amount | _____ |
|---------------|-------|

| | |
|---------------------|--------------------------|
| Transfer To: | checking one below |
| Checking | <input type="checkbox"/> |
| Savings | <input type="checkbox"/> |
| Loan Payment | <input type="checkbox"/> |

| | |
|-----------------------|-------|
| Routing Number | _____ |
|-----------------------|-------|

| | |
|--------------------------|-------|
| Loan/ Account No. | _____ |
|--------------------------|-------|

| | |
|--------------------|-------|
| Start Date: | _____ |
|--------------------|-------|

| | |
|------------------|--------------------------|
| Frequency | checking one below |
| Weekly | <input type="checkbox"/> |
| Monthly | <input type="checkbox"/> |
| Semi-Monthly | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Authorization:

I hereby authorize you to make the transfer(s) indicated above until further notice from me. If this agreement changes any prior authorization between you (bank) and me, the prior authorization is hereby cancelled, and I instruct you to follow this authorization. I further understand that you have no responsibility to contact me when the transfer referenced above occurs. I further acknowledge that the Financial Institution will not be liable for any charges, including but not limited to, items returned due to insufficient funds, or for any late charges or additional interest if this authorization is for automatic loan payment.

X _____
Account Holder Signature

Date