

SS PETER & PAUL DIRECT PAYMENT AUTHORIZATION

I authorize First National Bank to initiate entries to my savings/checking account. This authority will remain in effect until I notify First National Bank in writing to cancel it in such a time as to afford First National Bank a reasonable opportunity to act on it. I can stop payment of any entry by notifying First National Bank three (3) days before my account is charged. **FUNDS MUST BE AVAILABLE TWO (2) DAYS PRIOR TO TRANSFER DATE.**

\$ _____ on the _____ of every month, beginning _____
(This is the date of the transfer; it will affect your account the next business day)

FROM: Bank Name _____
Routing Number _____
Account Number _____
Checking or Savings (Only 3 per month from savings)
Name on account _____

TO: First National Bank
SS Peter & Paul checking
Account _____

Member Name _____ Phone _____

Member Signature _____

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First National Bank
101 E Main St PO Box 130
Weyauwega, WI 54983

920-867-4611