

ELECTRONIC TRANSFER AUTHORIZATION

I/We authorize Iowa State Bank (the Bank) to make the following transfer of funds:

Amt to be transferred: \$ _____ Effective Date: _____ Termination Date: _____

Frequency: Monthly Other _____

Account to be Debited: _____ <small>(Name of financial institution where account is maintained)</small>			
Street/PO Box	City	State	Zip
_____	_____	_____	_____
Accountholder Name(s): _____			
Street/PO Box	City	State	Zip
_____	_____	_____	_____
Account Number: _____		Type of Account: _____	
Financial Institution Routing Number: _____			

Account to be Credited: <u>Iowa State Bank</u> <small>(Name of financial institution where account is maintained)</small>			
Street/PO Box	City	State	Zip
<u>1101 Main St</u>	<u>Hull</u>	<u>IA</u>	<u>51239</u>
Accountholder Name(s): <u>American Reformed Church</u>			
Street/PO Box	City	State	Zip
<u>911 1st Street</u>	<u>Hull</u>	<u>IA</u>	<u>51239</u>
Account Number: _____		Type of Account: <u>Checking</u>	
Financial Institution Routing Number: <u>073922432</u>			

This authority will remain in effect until I/We notify the Bank in writing to cancel it. The notice must be received at least three (3) business days before the scheduled transfer in order to stop payment.

Accountholder Signature(s)

Date

Accountholder Signature(s)

Date