

# INTERNAL AUTOMATIC TRANSFER AUTHORIZATION

**Account Holder:**

**Financial Institution:**

<b>SSN/TIN:</b>

VisionBank 4725 Highway 7 St. Louis Park, MN 55416
<b>Telephone Number: 952-920-8400</b>

## TRANSFER FROM

**Account Type:**     Checking             Savings             Other:  
**Account Number:**    #  
**Type of Transfer:**     Loan Payment         Between Accounts  
**Amount:**                \$

## TRANSFER TO

**Account Type:**     Checking             Savings             Loan  
**Account Number:**    #

## INSTRUCTIONS

**Beginning Date:**  
**Frequency:**             Weekly                 Monthly  
                                   Semi Monthly         Other:

**Limitations:**

**Fees:**

**Special Instruction or Provisions:** .

## AUTHORIZATION

**General.** 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 and me, the prior authorization is hereby cancelled, and I instruct you to follow this authorization. I further acknowledge that you have no responsibility to contact me when the above transfer(s) occur(s). I understand that I can call you to find out whether or not the transfer has been made. I understand that it is my responsibility to have sufficient funds available in my account on the transfer date(s) in order for you to make the automatic payments. I acknowledge that if sufficient funds are not available in my account to cover the amount of the transfer(s), the automatic payment(s) may not be made. I understand that I am responsible for the disclosed fees regarding this service. I further acknowledge that the Financial Institution will not be liable for any charges, including but not limited to, any charges related to items returned because of insufficient funds, or for any late charges or additional interest if this authorization is for automatic loan payment(s).

X \_\_\_\_\_  
By:

**Date:** \_\_\_\_\_

X \_\_\_\_\_  
By:

**Date:** \_\_\_\_\_