

ELECTRONIC TRANSFER AUTHORIZATION

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

Amount 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: _____ <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: _____				

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