LIBERTY BANK FOR SAVINGS

Authorization to Originate Preauthorized Credit Transfers into a Liberty Bank Account

The undersigned authorizes Liberty Bank for Savings (Bank) to originate monthly preauthorized credit transfers for personal, family or household purposes as follows:

Debit Liberty Account:
Customer Name: _____
Account Number: _____
Type of Account: Checking   Statement Savings

Debit Other Financial Institution Account: **** Attach documentation ****
Name of Financial Institution: _____
Routing / Transit Number: _____
Customer Name: _____
Account Number: _____
Type of Account: Checking   Savings

Credit Liberty Bank Account:
Customer Name: _____
Account Number: _____

Transaction Information:

Amount of Transfer: _____
Day and Month to Effect Transfers: _____
Day of the Week to Effect Transfers: _____

In consideration of the above, the undersigned agrees to the following:
1. I (we) am an owner on the account to be debited and the account to be credited and any other owner(s) on either account is subject to the terms and conditions contained in the document.
2. If the transfer amount is not received for any reason other than negligence by the Bank, no notification of non-receipt of a transfer will be provided by the Bank. Also, if the date of any transfer occurs on a non-business day, the transfer will be processed on the last business day preceding the transfer date. Further, the Bank will not resubmit transfer requests in the event notification is received that funds were not forthcoming for the original transaction.
3. The amount of each transfer amount requested will not be altered. Authorization must be received at least 3 business days prior to initial transfer effective date.
4. This authorization binds the undersigned to the National Automated Clearing House Association (NACHA) Operating Rules and the undersigned agrees that transactions violating laws of the United States will not be initiated. Further, the undersigned agrees that the Bank is to follow NACHA Operating Rules in processing transactions under this authorization and in interpreting any issues that may arise.
5. The undersigned agrees that transactions prohibited or restricted by the Office of Foreign Assets Control (OFAC) or by any government or law enforcement agency under Bank Secrecy or Anti-Money Laundering-related Statutes may not be processed as indicated under this authorization.
6. Any revocation of this document and its terms will be processed within three business days. Transfers received prior to the revocation will be processed according to the terms in effect prior to revocation.

The undersigned acknowledges receiving a copy of this document and a copy of the Liberty Bank Electronic Fund Transfer Disclosure.

Signature: _____ Date: _____

Signature: _____ Date: _____

PFSR Initials _____   Branch # _____   New TM: _____   Update: _____   08/19