

## AUTOMATIC TRANSACTIONS AUTHORIZATION FORM

From: Financial Institution Name

Address

City, State, Zip

Type of account to debit:  Checking  
 Savings

Routing Number

Account Number

Amount to Transfer

Frequency of Transfer

If transfer date falls on a Saturday, Sunday or bank holiday, it will automatically be made on the following business day.

This transaction will credit your account at Northview Bank, and we will make every effort to complete this transfer. All terms and conditions of your account agreement apply to this transaction.

If transferring to a loan with an escrow payment, your annual escrow analysis may cause your payment to increase or decrease. The amount of your transfer will be automatically adjusted in accordance to your annual analysis. Any original overpayment requested will apply to the new payment amount.

To: Northview Bank Account Number

Name on Account

Signature

SS# (last 4 digits)

Date

Joint Owner Name

Signature

SS# (last 4 digits)

Date

Please mail this form back to:  
Northview Bank, PO Box 257, Finlayson, MN 55735

Anytime. Anywhere.  
That's how we want to serve you.



### Authorization Agreement for Automatic Transactions

I (we) acknowledge that by completing the form on the previous page and returning it to Northview Bank that I (we) have authorized Northview Bank to initiate the transfers described on the form.

Any automatic transfer to a Northview account must comply with U.S. law.

I (we) agree to have funds available in my (our) account on the designated dates to make these transfers. I (we) agree to pay any application fees for this service as disclosed in the Fee Schedule.

This authority will remain in effect until one of us notifies Northview Bank in writing at least one week prior to the next settlement date.

**If you have any questions,  
please call us at 800-450-7575.**