

AUTOMATIC TRANSACTION AUTHORIZATION FORM

To/From: Financial Institution Name

Address

City, State, Zip

Type of account to debit/credit: Checking
 Savings

Routing Number

Account Number

once per month

once per year

Amount to Transfer

Frequency of Transfer

Date to Start Transfer

Date to End Transfer

may be left blank

If the transaction falls on a Saturday, Sunday or bank holiday, it will automatically be made on the following business day. This transaction will credit/debit your account at Northview Bank, and we will make every effort to complete this transfer. All terms and conditions on your account agreement apply to this transaction.

If transferring to a loan with an escrow payment at Northview Bank, 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.

From/To: Northview Bank Account Number Type of account: Checking Savings Loan

Name on Account

Signature

SS# (last 4) Date

Joint Owner Name

Signature

SS# (last 4) Date

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

Authorization Agreement for Automatic Transactions

I (we) acknowledge that by completing this form 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/from a Northview Bank 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 you notify Northview Bank in writing at least one week prior to the settlement date.

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

