

ACCOUNT HOLDER(S)	Charlevoix State Bank 111 State Street Charlevoix MI 49720 (231) 547-4411 FINANCIAL INSTITUTION
-------------------	------------------------------------------------------------------------------------------------------------------------

AUTOMATIC TRANSFER AUTHORIZATION

In this authorization, the words "we," "our," or "us" mean the Financial Institution, and the words "you" or "your" mean the Account Holder(s). Text following a box that is not checked does not apply to this agreement. You authorize us to make the following transfer of funds.

From Debited Account: Account No. _____ Name/Title on Account: _____ _____ Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	To Credited Account: Account No. _____ Name/Title on Account: _____ _____ Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

We will make transfers on the following basis:

PERIODIC TRANSFERS
 Amount to be transferred: \$ _____ Effective Date _____ Termination Date _____
 Frequency: Weekly Monthly Other: _____

MAINTENANCE TRANSFER OF FUNDS
 You authorize us to charge your Debited Account when the account balance of your Credited Account falls below a minimum of \$ _____ and to transfer and deposit these funds in this account. The amount we can charge and transfer shall equal the amount necessary to raise your Credited Account balance to equal or exceed the minimum balance (if any). We will make all transfers in multiples of \$ _____.
 You authorize us to charge your Debited Account \$ _____ for each _____

INSUFFICIENT FUNDS TRANSFER
 You authorize us to charge your Debited Account and to transfer and deposit money into your Credited Account to cover each overdraft on your Credited Account. We will make all in multiples of \$ _____.
 You authorize us to charge your Debited Account \$ _____ for each _____

If a transfer date is a non-processing day for us then the transfer will be made on the first processing day before after the scheduled transfer date.

By signing below, you acknowledge receipt of a copy of this Authorization.

Signature _____ Signature _____

TERMINATION OF THIS AGREEMENT: Any accountholder may cancel this agreement by giving us written notice. Your notice will be effective _____ (_____) days after we receive.

Effective _____ (date) the undersigned cancels this Automatic Transfer authorization.
 Signed _____

GENERALLY - The accounts listed on page one are covered by their individual terms and unless modified by this Authorization. If a transfer is made from a savings account, we reserve the right to require not less than 7 days written notice of withdrawal.

You agree to keep enough money in your Debited Account to cover the transfers you request by this Authorization. If your Debited Account balance is insufficient to cover the transfers you authorize, we may cancel this Authorization immediately without notice. We may use our rights and remedies under applicable law and our rules and regulations governing these types of accounts. These may include returning your checks or drafts unpaid and closing your account(s) by mailing a proper notice to you with a check or draft equal to the balance in the account.

You agree, in consideration of this service rendered by us, to indemnify (repay us for any loss) and hold us harmless (release us from any responsibility) from any liability or loss occurring due to the dishonor of any check or draft presented which results from any charge made or refused to be made by us under this Authorization. You agree to abide by our rules and regulations governing your account(s) as stated on your account agreement and as amended from time to time. We may take any security measures that we believe are necessary (such as recording telephone transfer conversations) without notice to you.

AMENDMENTS AND TERMINATION - We will give you reasonable notice when we amend this Authorization. If this Authorization needs to be amended because of a change in State or Federal law, the change shall be effective immediately without notice. If no termination date is specified on page one, this Authorization will remain in effect until terminated by any one of you. We may terminate this Authorization by giving you written notice at the address stated on page one. Any notice will be effective immediately when mailed or delivered by us. Notice to any one of you is notice to all of you.