

**AFT / PRE-AUTHORIZED TRANSFER
CHANGE/CANCEL
(CIRCLE ONE)**

NAME: _____

ADDRESS: _____

FROM CHECKING ACCOUNT#: _____

TO CHECKING ACCOUNT#: _____

FROM SAVINGS ACCOUNT#: _____

TO SAVINGS ACCOUNT#: _____

FROM DATE OF TRANSFER: _____

TO DATE OF TRANSFER: _____

FROM AMOUNT OF TRANSFER: _____

TO AMOUNT OF TRANSFER: _____

SPECIAL INSTRUCTIONS: _____

I hereby give authorization to Citizens Bank of Edmond to make regular transfers from my account.

SIGNED: _____

DATE: _____

For Bank Use Only

Accepted By: _____	Branch Number: _____
Added/Deleted By: _____	Date: _____