

AUTOMATIC TRANSFER AUTHORIZATION

DATE AND PARTIES. The date of this Automatic Transfer Authorization (Authorization) is _____. The parties and their addresses are:

ACCOUNT HOLDER:

Name & Address:

LENDER:

UNITED BANK OF UNION

15 East Main St.

P.O. Box 500

Union, MO 63084

The pronouns "you" or "your" refer to the Lender. The pronouns "I", "me" and "my" refer to the Account Holder.

TRANSFER AUTHORIZATION.

From Debited Account:

Account No.

Account Rt. No.

Account Title.

Account Type.

To Credited Account (Loan):

Loan/Account No.

Loan/Account Title.

Loan/Account Type.

You will make transfers on the following basis:

Amount to be Transferred.

Effective Date.

Termination Date.

Frequency.

AMENDMENTS AND TERMINATION.

I authorize you to charge my Debited Account (Account) for all payments due on the above described Credited Account (Loan). You may continue to charge the Account until the Loan is paid or until I provide you with written notice of cancellation.

I understand and agree that if a payment due date falls on a non-business day, the payment amount will be debited from the Account and credited to the Loan as a loan payment on the next day you are open for regular business.

I further understand and agree that if the Account does not have a sufficient balance on a day that a payment is to be debited from the Account and credited to the Loan, you may, at your option, suspend further efforts to debit the Account and look to me for the payment and all subsequent payments until such time as all payments under the Loan are current. In no event will availability of any credit line that I may have with you be used in determining whether the Account has a sufficient balance.

At your option and sole discretion, you may resume charging the Account without further instruction from me once all payments are current. In the event that you do not resume charging to the Account, you will notify me in writing that this authorization has been cancelled. Such cancellation of this authorization does not excuse me from making timely payment under the terms of the Loan.

In any event, you, at your option, may cancel this authorization at any time.

ADDITIONAL TERMS. "I authorize The Lender to initiate debits, any credits necessary to correct errors, to complete the aforementioned payments from My Account at the Depository. Cancellation by the customer before the termination date must be in writing to The Lender at least 5 days before payment is scheduled to be debited.

SIGNATURES. By signing, I agree to the terms contained in this Authorization. I also acknowledge receipt of a copy of this Authorization.

ACCOUNT HOLDER:

_____ Date _____