



AUTOMATIC PAYMENT AUTHORIZATION FORM

I (we) authorize the STATE BANK OF CROSS PLAINS to make the following transfer between my accounts as follows:

From			
Account No. _____	Account Name _____		
Routing No. _____	Type:		
Bank Name _____	Savings <input type="checkbox"/>	Checking <input type="checkbox"/>	

To			
Account No. _____	Type:		
Account Name _____	Loan <input type="checkbox"/>	Safe Deposit <input type="checkbox"/>	
Routing No. <u>075904953</u>	_____		
Bank Name <u>State Bank of Cross Plains</u>	_____		

The frequency of the transfer is: monthly quarterly annually other _____

Transfers should occur on or about the following day: _____

These accounts will remain subject to their individual terms and conditions, which are not modified by this authorization. This authorization will remain in effect until terminated by any one of us. You may terminate this authorization by giving 15 days written notice to The State Bank of Cross Plains, 1205 Main St, Cross Plains, WI 53528.

Transfer Amount \$ _____ Transfer Interest Only **Effective Date:** _____

* For loan payments: your monthly payment amount may be subject to change if the interest rate on the loan is tied to an index and/or if you have established escrow for your loan.

_____	_____	_____
Customer Signature	Date	Social Security Number

_____	_____	_____
Customer Signature	Date	Social Security Number

Accepted by _____	_____
	Date

DISCLOSURES REGARDING YOUR PREAUTHORIZED ELECTRONIC FUND TRANSFERS

Preauthorized Payments:

- a. Right to Stop Payment Procedure: If you have told us in advance to make regular payments out of your account, you can stop any of these payments. Call or write us at the telephone number or address listed in the disclosure, at least 3 business days or more before the payment is scheduled to be made. We may require your request in writing and need to receive it within 14 days after you contact us.
- b. Notice of Varying Amounts: If these regular payments vary in amount, you should receive a monthly bill from your debtor at least 10 days before each payment is due. You may choose to get this notice only when the payment differs by more than a certain amount from the previous payment or when the amount falls outside certain limits that you have set.
- c. Liability for Failure to Stop Payment of Preauthorized Transfer: If you order us to stop payment at least 3 business days or more before the transfer is scheduled and we do not do so, we will be liable for your losses or damages.

Documentation

- a. Preauthorized Credits: If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you can call us at the telephone number listed below to find out whether or not the deposit has been made.
- b. Periodic Statements: You will receive a monthly account statement from us, unless there are no transfers in a particular month. In any case you will receive a statement at least quarterly.

Confidentiality

We will disclose information to third parties about your account or the transfers you make:

- 1) where it is necessary for completing transfers; or
- 2) in order to verify the existence and condition of your account for a third party such as a credit bureau or merchant; or
- 3) in order to comply with a government agency or court order; or
- 4) as explained in the separate Privacy Disclosure.

Financial Institution's Liability

Liability for Failure to Make Transfers: If we do not complete a transfer to or from your account on time or in the correct amount according to our agreement with you, we will be liable for your losses or damages. However, there are some exceptions in which we are not liable:

- *If, through no fault of ours, you do not have enough money in your account to make the transfer;
- *If the transfer would exceed the credit limit on your overdraft line;
- *If circumstances beyond our control (such as a fire or flood) prevent the transfer, despite reasonable precautions that we have taken;
- *There may be other exceptions stated in our agreement with you.

Error Resolution Notice

In case of errors or questions about your electronic transfers, statements or receipts, call or write us at the telephone number or address listed below as soon as you can. We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared.

- 1) Tell us your name and account number (if any).
- 2) Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information.
- 3) Tell us the dollar amount of the suspected error.

We may require that you send us your complaint or question in writing 10 business days.

We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days (90 days if the transfer involved a new account, or a foreign-initiated transfer) to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days (20 business days if the transfer involved a new account) for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it in writing within 10 business days, we may not credit your account. An account is considered a new account for 30 days after the first deposit is made, you are a new customer.

We will tell you the results within three business days after completing our investigation. If we decide that there was not an error, we will send you a written explanation.

You may ask for copies of documents used in our investigation.

Our business days are Monday - Friday, excluding Federal holidays.

State Bank of Cross Plains
1205 Main Street
Cross Plains, WI 53528
608-798-3961
Monday – Friday 9:00 am – 5:00 pm
Excluding Federal Holidays