

CONGREGATION BETH HATEPHILA 43 NORTH LIBERTY STREET ASHEVILLE NC 28801	CAROLINA ALLIANCE BANK 200 S CHURCH STREET SPARTANBURG SC 29306
ACCOUNT HOLDER(S)	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 which is not checked does not apply to this agreement. You authorize us to make the following transfer of funds:

From Debited Account:	To Credited Account:
Account No. _____ Account Title _____ ROUTING: _____ _____ Type <input type="checkbox"/> Savings/Share <input type="checkbox"/> Checking/Share Draft <input type="checkbox"/> NOW	Account/Loan No. _____ Account Title/Loan Description _____ _____ Type <input type="checkbox"/> Savings/Share <input type="checkbox"/> Checking/Share Draft <input type="checkbox"/> NOW <input type="checkbox"/> Club Acct. <input type="checkbox"/> Safe Deposit Fee <input type="checkbox"/> Mortgage Loan Payment <input type="checkbox"/> Installment Loan Payment <input type="checkbox"/> _____

We will make transfers on the following basis:

- PERIODIC TRANSFERS**
 Amount to be Transferred \$ _____ Effective Date _____ Termination Date _____
 Frequency: Weekly Monthly _____
- 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 transfers 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, the undersigned agree(s) to all the terms and conditions beginning on page 1 through the bottom of page 2 of this Authorization.

Signature _____ Signature _____
 Authorization Number _____ Date _____

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

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

Signed _____