Bank Draft Authorization

Vidalia Federal Savings Bank is hereby authorized to initiate entries to my (our) checking/savings/loan accounts at the financial institutions listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. The authority will remain in effect until Vidalia Federal Savings Bank is notified by me (us) in writing to cancel it in such time as to afford them a reasonable opportunity to act on it. Vidalia Federal Savings Bank retains the right to discontinue the agreement if the draft is returned unpaid for any reason.

Customer's Name Printed _____

Customer Signature_____ Date_____

Employee Signature_____ Date_____

Draft Number_____

I request the account be drafted on the _____ of each month beginning _____, 20__, in the amount of $_____. If my amount is being applied to a loan at Vidalia Federal Savings Bank, I understand that it may be necessary for me to make the final payment manually.

Account to Debit	Account to Credit
Full Name/Address of Bank	Full Name/Address of Bank
Routing Number	Routing Number
Account Number	Account Number

Entered by _____ Date entered _____

I hereby acknowledge that a copy of this draft authorization has been provided to me._____