



Community Guaranty Savings Bank

Post Office Box 996
28 South Main Street
Plymouth, New Hampshire 03264

Post Office Box 690
Tower Road
Campton, New Hampshire 03223

Authorization to Transfer Funds

Name _____

I hereby authorize Community Guaranty Savings Bank to transfer funds:

From Account # _____ TC# _____
(internal use)

To Account # _____ TC# _____
(internal use)

Amount \$ _____ Frequency _____
(ie. Weekly, bi-weekly, monthly, quarterly)

Effective Date _____

Date _____ Signature _____

Cancel Authorization

I hereby cancel the authorized transfer of funds as stated above.

Date _____ Signature _____

Signature _____