



Preauthorization Agreement for Recurring Electronic Funds Transfers

By executing this form, I authorize American Express National Bank (AENB) to electronically withdraw from/debit my account identified in Section C or F below and electronically deposit/credit my account identified in Section D or G below, as described below and, if necessary, to initiate debits or credits to correct erroneous transactions. This authorization will remain in full force and effect until I either notify AENB that I wish to revoke this authorization by calling AENB at 1-800-446-6307 (24/7) or mailing or faxing written notice to AENB at the fax number or address at the bottom of this form, or until I log in to my account at **personalsavings.com** and cancel future recurring transfers. I understand that AENB must receive telephone or written notice, or that I must log in to my account and cancel my transfer, at least three (3) business days before the next transfer in order to cancel this authorization. I understand that, if I call, AENB may also require that I put my request in writing and get it to AENB within 14 calendar days after I call. For any questions, please call 1-800-446-6307.

Section A: Personal Savings Account Owner Information

Account Owner Name(s): _____

Section B: Transfer Type

- Create a new recurring transfer (Complete Sections C, D, E and I)
- Modify an existing recurring transfer – only the amount and/or frequency can be changed. (Complete Sections F, G, H and I)

Section C: Account From Which Funds Will Be Withdrawn	Section D: Account Into Which Funds Will Be Deposited
Please identify the account from which funds will be electronically withdrawn. Financial Institution Name: _____ ABA/Routing Number: _____ Account Number: _____	Please identify the account into which funds will be electronically deposited. Financial Institution Name: _____ ABA/Routing Number: _____ Account Number: _____

I understand that to authorize recurring withdrawals from or deposits to my external savings or checking account at another bank, my High-Yield Savings account at AENB must currently be linked to that account (Externally Linked Account).

Section E: New Recurring Transfer Details

Please include all details of your recurring funds transfer:

Amount: _____ Start Date (MM/DD/YYYY): _____

Frequency (Please check one): Weekly Bi-Weekly Monthly Quarterly Semi-Annually Annually

End Date (Please check one): Continue Indefinitely Continue Until This Date (MM/DD/YYYY): _____

You may make up to six (6) transfers or withdrawals **out** of your High-Yield Savings account during any calendar month or monthly statement cycle. You may stop any of these transfers by revoking this authorization in the manner specified above. Your use of Electronic Funds Transfer services is subject to the terms and conditions of your Deposit Account Agreement.

Please note: Monthly transfers occur on the same date each month. Transfers with a frequency of 'Weekly' or 'Every Two Weeks' occur on the same day of the week. If the date falls on a non-business day, then the transfer generally will be processed on the following business day.

Section F: Account From Which Funds Are Currently Withdrawn

Please identify the account from which funds are currently electronically withdrawn/debited.

Financial Institution Name: _____

Account Number: _____

Section G: Account Into Which Funds Are Currently Deposited

Please identify the account from which funds are currently electronically deposited/credited.

Financial Institution Name: _____

Account Number: _____

Section H: Modify Current Recurring Transfers Details

Please include all details of your recurring funds transfer:

Current Amount: _____ New Amount: _____ Start Date (MM/DD/YYYY): _____

Frequency (Please check one): Weekly Bi-Weekly Monthly Quarterly Semi-Annually Annually

End Date (Please check one): Continue Indefinitely Continue Until This Date (MM/DD/YYYY): _____

You may make up to six (6) transfers or withdrawals **out** of your High-Yield Savings account during any calendar month or monthly statement cycle. You may stop any of these transfers by revoking this authorization in the manner specified above. Your use of Electronic Funds Transfer services is subject to the terms and conditions of your Deposit Account Agreement.

Please note: Monthly transfers occur on the same date each month. Transfers with a frequency of 'Weekly' or 'Every Two Weeks' occur on the same day of the week. If the date falls on a non-business day, then the transfer generally will be processed on the following business day.

Section I: Signature

By signing below, I authorize AENB to debit the account identified in Section C or F and credit the account identified in Section D or G in the manner specified above (and, if necessary, to initiate debits or credits to correct erroneous transactions). I certify that I am an owner or authorized signer on the accounts identified above, that I have the authority to authorize the transactions, and that the transactions authorized comply with all applicable law. I acknowledge that the transactions authorized are subject to the terms and conditions of my Deposit Account Agreement with AENB. I acknowledge that: (1) AENB provided me with two copies of this Preauthorization Agreement; (2) I completed both copies; and (3) I retained a copy.

Printed Name: _____ Date: _____
(MM/DD/YYYY)

Signature: _____

Per the American Express National Bank Personal Savings Deposit Account Agreement, each individual owner of a Joint Account is individually authorized to perform any account transaction with us.

PLEASE SUBMIT REQUEST VIA FAX OR MAIL TO ONE OF THE FOLLOWING

Fax: 1-800-542-0779

Mail: American Express National Bank, PO Box 30384, Salt Lake City, UT 84130-0384

24/7 Account Access | FDIC Insured | World-Class Service

Accounts offered by American Express National Bank. Member FDIC.