



FCB AUTOMATIC TRANSFER AUTHORIZATION

* Indicates Required Fields

The undersigned account holder authorizes and directs First Command Bank to make the following transfer of funds:

* Account Holder's Name: _____ E-mail Address: _____

* Primary Phone: _____ Home Work Cell

* Secondary Phone: _____ Home Work Cell

* Amount to be transferred: \$ _____

* Frequency:

Monthly Day of the Month: _____ (Example: 15th)

Semi-Monthly Days of the Month: _____ (Example: 1st and 15th)

Bi-Weekly Days of the Month: _____ (Example: Every other Friday)

Other: _____

* Effective Date: _____

Termination Date: _____

FROM FCB ACCOUNT:	TO FCB ACCOUNT:
* FCB Account Number: _____	* FCB Account Number: _____
* Name on Account: _____	* Name on Account: _____
* Type: <input type="checkbox"/> Money Market Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other:	* Type: <input type="checkbox"/> Money Market Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other:

By signing below, I understand that:

These accounts remain subject to their individual terms and conditions, which are not modified by this authorization. **For transfers from a money market savings account, FCB requires at least 7 days notice prior to the date of the initial withdrawal.**

If no termination date is specified above, this authorization will remain in effect until terminated by the account holder. Requests to terminate this authorization require 15 days **written** notice to First Command Bank at the address stated below.

Signature of Account Holder

Date

Please print, sign, and fax this form to 1-888-763-7605 (toll-free) or 1-817-763-0557.



An affiliate of
FirstCommand
FINANCIAL PLANNING™
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First Command Financial Services, Inc.



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Putting you first – Wherever you are. Whatever it takes.