

**REVOCATION
of
AUTOMATIC CLEARINGHOUSE / INTERNAL AUTOMATIC TRANSFER
AUTHORIZATION**

As used in this authorization, "we" and "us" mean the owners of the accounts identified below. "You" and "yours" mean the depository institution named below.

**Goodfield State Bank
P.O. Box 105
201 S. Eureka St.
Goodfield, IL 61742
Phone: 309-965-2221 Fax: 309-965-2482**

Effective on the date indicated below, we request the termination of an automatic clearinghouse (ACH) or internal automatic transfer (AT). Information regarding the transfer includes the following:

- **AMOUNT TO BE TRANSFERRED:** \$ _____
- **FROM** (name of financial institution): _____
ACCOUNT #: _____
ROUTING #: _____
TITLE OF ACCOUNT (names on the account): _____
TYPE OF ACCOUNT (check one): **Checking** _____
 Savings _____
 Other (specify) _____
- **TO** (name of financial institution): _____
ACCOUNT #: _____
ROUTING #: _____
TITLE OF ACCOUNT (names on the account): _____
TYPE OF ACCOUNT (check one): **Checking** _____
 Savings _____
 Other (specify) _____
- **TERMINATION DATE:** _____

If the date of our signature is less than ten (10) days prior to the next regularly scheduled transfer date, we understand that the transfer may still occur on that date. If this revocation is signed less than 10 days prior to that date, and this transfer results in an insufficient funds situation, we understand that we may be assessed an insufficient funds fee based on the rate indicated on your fee schedule in effect at this time. We also know that we may reinstate this transfer at any time in the future, if we so choose.

The signatures shown below are evidence of our request to revoke the original transfer agreement:

X _____
Signature

Printed or Typed Name

Today's Date

X _____
Signature

Printed or Typed Name

Today's Date

(For office use only)
Entered on CSI by: _____ on _____