



Sweeps Authorization

I hereby authorize CITIZENS STATE BANK to transfer funds from time to time to and from the accounts indicated below. This transfer will occur when the following parameters are met. This authority will remain in effect until CITIZENS STATE BANK is notified by me in writing to cancel it in such time as to afford CITIZENS STATE BANK reasonable opportunity to act on it.

Credit Account #: _____	<input type="checkbox"/> DDA	<input type="checkbox"/> MMK	<input type="checkbox"/> Savings
Debit Account #: _____	<input type="checkbox"/> DDA	<input type="checkbox"/> MMK	<input type="checkbox"/> Savings
	<input type="checkbox"/> Loan	<input type="checkbox"/> X-Mas Club	<input type="checkbox"/> Other

Funds will be transferred when the account falls below a level of: \$ _____

Funds will be transferred in increments of: \$ ___50.00

Special Instructions:

Signature

Date

Print Name

Phone Number

Your partner in banking



Clayton ▪ Eau Claire ▪ La Crosse ▪ Onalaska

www.citizensstatebank.us

