LAND TRUST AUTOMATIC TRANSFER AUTHORIZATION
Municipal Trust and Savings Bank

Institution Name	Institution Address and Phone Number (Not required if Municipal Bank)
ANNUAL FEE AMOUNT: _____ Annual and all trust fees will be debited Fees subject to change	Credit Municipal Bank Land Trust #
Account Owner(s)	
Routing Number	Account Number
Account Type: ☐ Checking or ☐ Savings	

Annual fee will be debited on the 15th of January beginning _____

I, the undersigned, hereby authorize **Municipal Trust & Savings Bank** to make the transfer(s) indicated above for fees due including the annual fee until further notice. In the event the annual fee changes, you are hereby authorized to automatically debit my account for the newly scheduled payment amount. I acknowledge **Municipal Trust & Savings Bank** has no responsibility to contact me when the above transfer(s) occurs. I further acknowledge that if sufficient funds are not available in my account to cover the amount of the transfer(s), the automatic payment(s) may not be made. I further acknowledge that I will be liable for any charges, including but not limited to charges related to items returned because of insufficient funds or for any late charges assessed.

ACCOUNT HOLDER:

_____ Date: _____
Signature

_____ Date: _____
Signature

_____
Cancel Auto- Sign & Date