Principal® Bank
A member of the Principal Financial Group

# Automatic Transfer Authorization

As used in this authorization, “we” and “us” means the owners of the accounts identified below. “You” and “yours” means the depository institution names below.

We authorize and direct you to make the following transfer of funds:

Amount to be transferred: $

Frequency: ◯ Weekly ◯ Monthly

Effective date: Termination date:

**From:**

Account #:

Account name:

Account type: ◯ Savings ◯ Checking ◯ Money Market

**To:**

Account #:

Account name:

Account type: ◯ Savings ◯ Money Market ◯ Checking ◯ Installment loan payment

These accounts remain subject to their individual terms and conditions, which are not modified by this authorization. If a transfer is made from a savings account, you retain the right to require not less than 7 days written notice of withdrawal.

If no termination date is specified above, this authorization will remain in effect until terminated by any one of us. You may terminate this authorization by giving us 15 days written notice at the address stated below. Notice to any one of us is notice to all of us.

_____ _____
Signature Date

_____ _____
Signature Date

Name: Name:

Account street address:

City:

State: ZIP:

Mail signed form to:

**Principal Bank**
**PO Box 9351**
**Des Moines, IA 50306-9351**

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Accepted by (Bank use only)