

Name(s) _____

AUTOMATIC TRANSFER WITHDRAWAL ORDER

FROM: ACCOUNT _____ TO: NOW/CHECKING _____

PISCATAQUA SAVINGS BANK

15 Pleasant Street
Portsmouth, NH 03801

If my/our NOW Checking Account becomes overdrawn, I/we hereby authorize you to transfer from my Account No. _____ sufficient funds to cover such overdraft(s) - providing sufficient available funds exist at the time of the overdraft(s) in question.

SIGNATURE

DATE

SIGNATURE

APPROVAL

I/We cancel the Automatic Transfer Withdrawal Order on the reverse side of this card effective immediately.

Date _____

Signature _____

Signature _____