ACH FUNDS TRANSFER AUTHORIZATION

By completing this form and providing a financial institution routing number and account number and name, you will establish a standing authorization to request electronic funds transfers (debit or credit) between a checking, savings, or loan account at CFBank and another financial institution.

Debit   Credit

1. CFBank Customer Information

Name   Phone #

Address   City

State   Zip

2. CFBank Account Information

Type of Account

Account Number

3. Other Financial Institution Information (If Applicable)

Name of Institution   Routing Number

Account Type   Account Number

4. If Internal CFBank Account Transfer

Transaction Type   Debit

Credit

5. Amount of Transfer   Name on Account

Frequency of Transfer   Start Date

7. Authorized Signature:

By completing this form and signing below, you authorized CFBank to 1). initiate a debit or credit entries to the CFBank account identified in Section 2, above, and 2) to initiate reversals to said CFBank account of erroneous or duplicate credit or debit entries and to 3) initiate credit or debit entries to the account indicated in Section 3, above at the financial institution named and 4) to initiate reversals to your CFBank accounts of erroneous or duplicate credit or debit entries and to credit or debit such account as appropriate. The authorization will remain in full force and effect until CFBank has received your written notification that your authorization has been terminated. CFBank must receive this notification in a timely manner so as to give the Bank and the other financial institution reasonable opportunity to act on the notification.

Authorized Customer Signature   Date

Approved By (Employee)   Approval Date

The following website may be accessed to verify FedACH participant RDFIs by their name, location or routing number: http://www.feddirectory.frb.org/searchach.cfm