

AUTOMATIC TRANSFER AUTHORIZATION

As used in this authorization, "we" and "us" means the owners of the accounts identified below. "You" and "yours" mean Nicolet National Bank.

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

AMOUNT TO BE TRANSFERRED \$ _____

FREQUENCY _____ PORT n/a EFFECTIVE DATE _____

CHANGE TO EXISTING TRANSFER _____ NEW TRANSFER X TERMINATE EXISTING TRANSFER _____

FROM:	TYPE	<input type="checkbox"/> SAVINGS
ACCOUNT NUMBER _____		<input type="checkbox"/> CHECKING
ACCOUNT TITLE _____		<input type="checkbox"/> MONEY MARKET
BANK NAME _____		<input type="checkbox"/> _____
ROUTING NUMBER _____		

TO:	TYPE	<input type="checkbox"/> SAVINGS
ACCOUNT NUMBER _____		<input type="checkbox"/> CHECKING
ACCOUNT TITLE _____		<input type="checkbox"/> MONEY MARKET
BANK NAME <u>NICOLET NATIONAL BANK</u>		<input checked="" type="checkbox"/> LOAN
ROUTING NUMBER <u>075917937</u>		

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.

LOAN PAYMENTS: If the loan payment changes in the future, the auto payment will automatically be updated to the new payment amount. If we wish to pay extra to our loan with an auto payment, a separate transfer should be set up for the additional amount. If the loan payment changes due to a change in the interest rate or escrow amount, we will receive a notice of the new payment amount.

SIGNATURE

SIGNATURE

NAME

NAME

ACCOUNT ADDRESS

NICOLET NATIONAL BANK
P.O. BOX 23900
GREEN BAY WI 54305-3900

ACCEPTED BY

REVOCATION OF AUTHORIZATION

TERMINATION DATE: _____

I, the undersigned, REVOKE the authorization granted to the named Payee/Originator to initiate the described preauthorized payments on a recurring basis from my account. I understand that this revocation applies to prevent all future payments and that it becomes effective only when the Payee/Originator has been notified. Furthermore, I understand that it is my responsibility to deliver, in the manner specified in my original authorization, notice of revocation to the Payee/Originator.

SIGNATURE