

FORM #3

AUTOMATIC PAYMENT REQUEST

Please accept this letter as notification that I have established a new checking and/or savings account at Athens Federal Community Bank. I would like the following payment to be automatically debited from the Athens Federal account listed below.



- Establish Automatic Payment OR
- Change my existing Automatic Payment

Automatic Payment Information

Company Name: _____

Company Account Number: _____

Payment Amount: \$ _____

Personal Information

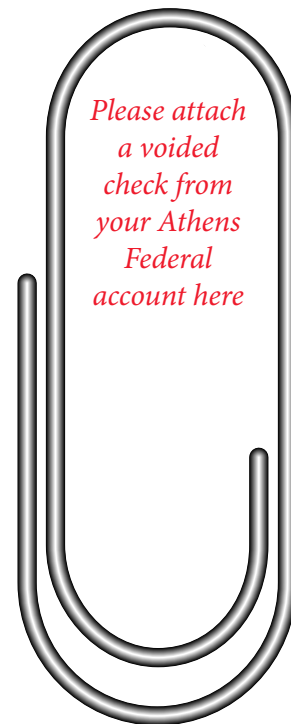
Name: _____

Mailing Address: _____

City: _____ ST _____ Zip _____

Daytime Phone Number: _____

Email Address: _____



Bank Account Information

Account Type: Checking Account Savings Account Money Market Account

Athens Federal Account Number: _____

Athens Federal Community Bank Routing Number: 264271183

I authorize (check all that apply):

- The company listed to initiate withdrawal of my funds from the above Athens Federal account.
- Athens Federal to debit funds from my account.
- This authorization to remain in effect until I send written notice of change or cancellation.

Signature: _____

Date: _____