

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 named below.

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

AMOUNT TO BE TRANSFERRED: \$ _____
FREQUENCY: Weekly Monthly Other: _____
EFFECTIVE DATE: _____ TERMINATION DATE: _____

FROM: ACCOUNT NO. _____ ACCOUNT TITLE: _____ _____	TYPE: SAVINGS CHECKING NOW OTHER: _____
TO: ACCOUNT NO. _____ ACCOUNT TITLE: _____ _____	TYPE: SAVINGS CHECKING NOW INSTALL. LOAN MORT. LOAN SAFE DEPOSIT FEE OTHER: _____

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

Signature

Name

Name

Accepted By

Account Address

The First, N.A.
223 Main Street. P.O. Box 940
Damariscotta, ME 04543

207-563-3195