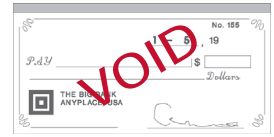


PREAUTHORIZED PAYMENT AGREEMENT

TO INITIATE A TRANSFER OF FUNDS, PLEASE COMPLETE THE FOLLOWING:

FUNDS TO BE DEBITED FROM:

Financial Institution Name: _____



*If debited from another bank please attach a voided check.

Account # _____ Type of Account _____

Transit/Routing Number: _____

FUNDS TO BE CREDITED TO:

Financial Institution Name: _____

Account # _____ Type of Account _____

Transit/Routing Number: _____

Transfer Amount \$ _____

Please process the transfers:

Weekly Bi-Weekly Semi-Monthly Monthly

Beginning _____ (indicate date; this should be at least three weeks from the date of this form to allow sufficient time for proper processing and setup).

I understand that if funds are not available at the financial institution being debited, the transfer will not be performed. I authorize Glens Falls National Bank to initiate credit and/or debit entries as indicated on this form. I also authorize any credit and/or debit adjustment entries required due to any errors which may occur.

Authority under this agreement will remain in effect until you have received written notification from me of its termination. I understand that the notice must give you a reasonable opportunity to cancel any scheduled transactions.

Customer Name _____

Customer Signature _____ Date _____

Branch _____ Branch Rep. Signature _____

AUTHORIZATION TO CHANGE INTERNET BILL-PAYS

A Business Payee is a merchant with whom you have a billing account number. An Individual Payee is anyone with a valid U.S. address to whom you wish to make a payment. You do not have to have a billing account number to pay an Individual Payee.

Tips for entering a Business Payee:

- Payee Name - Enter the full business name exactly as it appears on the bill's remittance slip/envelope
- Address - Enter the business address found on the remittance slip and/or envelope. This should match the address where you normally mail the bill.
- Account Number on Bill - Enter the account number exactly as it appears on the remittance slip, including spaces and/or dashes.
- Name on Bill - Enter the Name of the person on the account. You should enter it exactly as it appears on the remittance slip.

Payee Type	Business Payee ↓
Payee Name	<input type="text"/>
Address 1	<input type="text"/>
Address 2	<input type="text"/>
Address 3	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/> — <input type="text"/>
Payee Phone Number	<input type="text"/> — <input type="text"/> — <input type="text"/>
Account Number on Bill	<input type="text"/>
Confirm Account Number on Bill	<input type="text"/>
Name on Bill	<input type="text"/>
Payee Alias	<input type="text"/>

Use a separate form for each payee.

ACCOUNT CLOSING REQUEST FORM

TO: _____
(Bank)

FROM: _____
(Primary Account Holder)

(Secondary Account Holder)

ADDRESS: _____
(Street)

(City)

(State and Zip)

Please close the following account(s) with your institution:

Account # _____ Checking Savings Money Market Other _____

Account # _____ Checking Savings Money Market Other _____

Account # _____ Checking Savings Money Market Other _____

Account # _____ Checking Savings Money Market Other _____

Please send any funds remaining in these accounts to:

address shown above

the following address:

(Street)

(City)

(State and Zip)

Primary account holder signature _____

Secondary account holder signature(Optional) _____

Date _____

AUTOMATIC PAYMENT TRANSFER

TELLER STAMP

Date _____



_____ New Transfer

TO: Glens Falls National Bank and Trust Company

Until further notice, I hereby authorize you to charge my checking account # _____

the amount of \$ _____ and credit my _____ account # _____
(please specify)

on a weekly, bi-weekly, monthly, basis beginning _____ (exact date deduction should begin).
(please circle one)

NAME (print) _____

ADDRESS _____

Soc. Sec. No. _____

Signature _____

I understand that if funds are not available in the account being debited, the transfer will not be performed. I authorize Glens Falls National Bank to initiate any credit and/or debit adjustment entries required due to any errors which may occur.

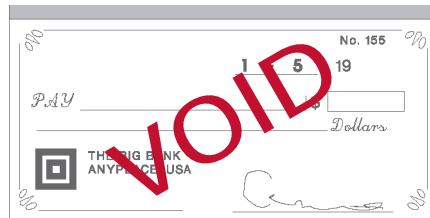
AUTHORIZATION TO CHANGE NON-GOV'T DIRECT DEPOSIT

TO: _____
Originator

FROM: _____
Name

Address

City State Zip



*Please attach a voided check.

RE: Change of direct deposit routing

Please discontinue sending my automatic direct deposit to checking account # _____

and/or savings account # _____ with _____.

Please begin sending the same deposit to Glens Falls National Bank. Glens Falls National Bank's routing information is:

Glens Falls National Bank & Trust Company
250 Glen Street
Glens Falls, New York 12801
ABA #021302554

Deposit Instructions:

- Deposit entire amount to checking account number _____
- Deposit \$ _____ to savings account number _____ and the remainder to checking account _____.

I authorize:

- Above listed entity to initiate deposit of my funds to my Glens Falls National checking or savings account(s)
- Glens Falls National Bank to credit entries to my account(s)
- This authorization to remain in effect until I send written notice of change or cancellation

Signature _____ Date _____