

Authorization For Recurring ACH Transfer

Must be received in Operations 10 days before first effective date.

Incoming
Outgoing

Name _____ Phone _____
Address _____ Tax ID # _____
City _____ State _____ ZIP _____

RECURRENCE PATTERN

Beginning Date _____ Daily Tiebreaker code _____
Expiration Date _____ Weekly Day of week _____
(If Applicable) Monthly Day of month _____
 Quarterly Date _____

Amount \$ _____

I (we) hereby authorize Texana Bank, N.A. to initiate recurring ACH Transfers to or from the following account to the depository indicated below:

FROM: **ACH Transfer Information has been verified with other bank** Yes No

Bank _____
City _____ State _____ ZIP _____
Account Name _____ Account Number _____
Account Type (select one) Checking Savings Loan Other _____
Routing number _____ Branch _____

TO:

Bank _____
City _____ State _____ ZIP _____
Account Name _____ Account Number _____
Account Type (select one) Checking Savings Loan Other _____
Routing number _____ Branch _____

This authorization is to remain in full force and effect until Texana Bank, N.A. has received written notification from me (us) of its termination in such time and in such manner as to afford Texana Bank, N.A. and DEPOSITORY a reasonable opportunity to act on it.

Signature _____ Date _____
CSR Name _____ Branch _____

NOTE: All written authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Termination of Agreement Effective _____ (date) the undersigned cancels the above ACH Transfer

Signed _____

Operations Personnel Name _____ Setup Date: _____

Operations Personnel Signature

Prenote Date:
