



**AUTOMATIC TRANSFER AUTHORIZATION**

As used in this authorization, "we" and "us" mean 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. \_\_\_\_\_ Type \_\_\_\_\_ Savings  
\_\_\_\_\_ Checking

Account Title: \_\_\_\_\_

**To:**

Account No. \_\_\_\_\_  
Type: \_\_\_\_\_ Savings \_\_\_\_\_ Checking \_\_\_\_\_ Loan Payment \_\_\_\_\_

Account Title: \_\_\_\_\_

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' notice of withdrawal.

If no termination date is specified above, this authorization will remain in effect until terminated by giving us 15 days' notice at the address stated below. Notice to any one of us is notice to all of us.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
**PRINT Name**

\_\_\_\_\_  
**PRINT Name**

Account Address \_\_\_\_\_

Accepted by \_\_\_\_\_

PO BOX 48  
STRATFORD, TX 79084-0048  
806-396-5521 FAX: 806-396-2061

P.O. BOX 680  
DUMAS, TX 79029-0680  
806-935-4184 FAX: 806-935-2221

P.O. BOX 1120  
DALHART, TX 79022-1120  
806-249-5513 FAX: 806-249-8777