

Authorization Agreement for Preauthorized Payments

I (we) hereby authorize College Station, hereinafter called COMPANY, to initiate debit entries to my (our) checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME _____

BRANCH _____

CITY/STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT # _____

ACCOUNT TYPE SAVINGS CHECKING

AMOUNT TO DEBIT \$ _____

FREQUENCY: MONTHLY WEEKLY

START DATE _____ END DATE _____

This authority is to remain in full force and effect for the time indicated above or until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination at least 10 days prior to the next scheduled debit.

NAME(S) _____

Please Print

SIGNED _____ DATE _____

SIGNED _____ DATE _____

PROPERTY ADDRESS _____ CITY _____