

STATE BANK OF TEXAS
AUTHORIZATION AGREEMENT FOR DIRECT WITHDRAWAL
FOR LOAN PAYMENT

Loan Name	Loan Number	Customer Number
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I (we) authorize State Bank of Texas to debit my (our) account with the depository named below for payment of the loan described above. I hereby release State Bank of Texas and hold harmless their actions or inactions in regard to this authorization.

Name of Bank	City	State	Zip
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Transit/ABA Number	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	Account Number / Customer Number
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This authorization will remain in effect until State Bank of Texas has received written notification from me (or either of us) that it is to be terminated in such time and manner for State Bank of Texas to act upon it.

Depositor's Name	Depositor's SSN
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Address	City	State	Zip
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Depositor's Signature	Date
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Borrower's Authorized Signature	Date
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Please attach a voided check