



REQUEST FOR SETUP/REMOVAL OF AUTO-DEBIT

TNB ACCOUNT

OTHER FINANCIAL INSTITUTION

DATE: _____

ACCEPT

DECLINE

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

I hereby request that my checking savings ACCOUNT # _____
be automatically debited for the amount of _____ on a _____ basis.
My routing number is as follows # _____ (If non TNB account)
(please attach a voided check/draft/deposit slip)

This will ensure that PROMISSORY NOTE # _____, will be maintained on
current status.

Signature of Account Owner:

Print Name:

REQUEST FOR AUTO-DEBIT REMOVAL

I hereby request that my checking savings ACCOUNT # _____ no
longer be debited to pay on PROMISSORY NOTE # _____, and I will make
my monthly payment when due.

Signature of Account Owner:

Print Name:

***** ACCOUNTHOLDER:**

**PLEASE BE AWARE THAT FOR THE LAST PAYMENT DUE YOU WILL BE SENT A NOTICE TO MAKE
YOUR PAYMENT; IT WILL NOT BE TAKEN OUT OF YOUR ACCOUNT AUTOMATICALLY.**

THANK YOU! ***

BANK USE ONLY

Processed By:

Reviewed By:

Date:

Date: