

Borrower Name: Loan Number: Date:

AUTHORIZATION FOR AUTOMATIC PAYMENT

YOUR INFORMATION

Account Type	(CHECK ONE)	Checking _	Savings	
Name on the	Account			
Bank Name		В	ank Phone Number	
Routing Numl	ber			
Account Num	ber			
		AUTH	ORIZATION	
I/We authoriz account name		deduct the payı	ment for my/our Loan Number _	from the
I/We would li	ke the payment debited fi	rom the accoun	t on (Specify Day/Date)	
Please deduct	t an ADDITIONAL \$	eac	n month to be applied as a princ	cipal reduction (OPTIONAL).
Auto Pay Last	PaymentYes	No		
 Signature(s) B	Borrower	 Date	Co-Borrower	 Date
.,	lumber			
It is expressly borrower(s) a	understood that this arra t any time by written noti	ngement may b ce.	e terminated by Texas National DEPOSIT SLIP (savings account	_
	E SURE TO ATTACH A VOI	DED CHECK OK	DEPOSIT SLIP (savings account	only) ***
SEND TO:	Texas National Bank 4908 S Jackson Rd Edinburg, TX 78539			

Fax: (956) 217-7150

Email: customerservice@texasnational.com