



ACH AUTO TRANSFER REQUEST

Date: _____

Account Name: _____ Kleberg Bank Account No.: _____

Customer Address: _____

City, State, Zip: _____

Phone Number: _____

I (we) hereby authorize Kleberg First National Bank to initiate _____ debit _____ credit entries to my (our) Checking Savings Account (select one) as indicated above.

Fill in the information below for the receiving or debiting bank.

Bank Name: _____

(ABA) Routing Number: _____

City: _____ State: _____ Zip: _____

Account Name: _____

Account No.: _____ Account Type: _____

Amount of Transfer: _____

Starting Date: _____

Check here if this is a onetime debit or credit.

A processing fee is applicable. Please see the Kleberg Bank fee schedule for the amount.

By signing below, you acknowledge receipt of a copy of this Authorization.

Customer Signature

Date