

# AUTOMATIC TRANSFER AUTHORIZATION

Account Holder: \_\_\_\_\_ Financial Institution: Kleberg Bank, N.A.  
P.O. Box 7669  
Corpus Christi, TX 78467

## TRANSFER FROM

Bank Name: \_\_\_\_\_  
Bank Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Account Type:  CHECKING  SAVINGS

## TRANSFER TO

Account Type: LOAN Account Number: \_\_\_\_\_

## INSTRUCTIONS

Beginning Date: \_\_\_\_\_  
Frequency:  Monthly  Other \_\_\_\_\_  
Amount: \_\_\_\_\_ \* This amount may vary based on interest rate changes, loan escrow payment changes, or loan reamortization changes.  
Special Instructions or Provisions: \_\_\_\_\_

## AUTHORIZATION

I hereby authorize you to make the transfer(s) indicated above until further notice from me. If this agreement changes any prior authorization between you and me, the prior authorization is hereby cancelled, and I instruct you to follow this authorization. I further acknowledge that you have no responsibility to contact me when the above transfer(s) occur(s). I understand that I can call you to find out whether or not the transfer has been made. I acknowledge that if sufficient funds are not available in my account to cover the amount of the transfer(s), the automatic payment(s) may not be made. I further acknowledge that the Financial Institution will not be liable for any charges, including but not limited to, any changes related to items returned because of insufficient funds, or for any late charges or additional interest if this authorization is for automatic loan payment(s). If a transfer date is a non-processing day for you, then I authorize the transfer to be made on the first processing date before the scheduled transfer date. I agree that a termination of this agreement must be received by you 3 business days prior to the date the payment is made. Termination of this agreement can be made by calling 361-850-6800 or mailing the signed termination portion of this agreement to PO Box 7669 Corpus Christi TX 78467.

## ACCOUNT HOLDER SIGNATURE:

\_\_\_\_\_  
Date \_\_\_\_\_

ATTACH COPY OF VOIDED CHECK HERE

**\*\*NOT REQUIRED FOR TRANSFERS FROM KLEBERG BANK DEPOSIT ACCOUNTS\*\***

## TERMINATION OF THIS AGREEMENT

Effective \_\_\_\_\_ (date) the undersigned cancels  
this Automatic Transfer Authorization  
Signed \_\_\_\_\_

**For Internal Use Only**  
Submitted by: \_\_\_\_\_  
Date Rec'd by Loan Ops \_\_\_\_\_  
Received By \_\_\_\_\_