The First State Bank
"Friendliest Bank Anywhere"

ACHFORM03/09

rev 01/2013, 05/2015, 02/2016

Automatic Deposit/Withdrawal Request

Authorizes First State Bank to establish automatic (direct) deposits or withdrawals to/from your First State Bank Account.

Please print in clear legible ink.

All Fields are mandatory unless otherwise expressly mentioned.

Mail or FAX completed form to:
First State Bank FAX: 979-648-2110
PO Box 5
Louise, TX 77455-0005

Account Owner Information

Business Name:	First Name:	Last Name:
Taxpayer Identification Number:	Home Phone:	Mobile Phone:

Transfer Amount and Frequency

☐ Initiate Transfer ☐ Cancel Existing Transfers Cancelled By _____
Date: _____ Received By: _____ @ _____

Amount to transfer: $ _____ (USD Currency only)

Frequency:
☐ Monthly on _____ day of the month, beginning in _____ (start month)
☐ Bi-weekly on _____weekday, beginning in _____ (start month)
☐ Interest Payment Transfers (Time Deposits Only)
☐ Other Frequency _____ (start month)

Financial Institution	Transfer From	Transfer To
Institution Name	☐ First State Bank ☐ Other_____	☐ First State Bank ☐ Other_____
Institution Address	*(Not necessary if From First State Bank)*	*(Not necessary if To First State Bank)*
Institution Phone	*(Not necessary if From First State Bank)*	*(Not necessary if To First State Bank)*
Routing Number (9 digits)	*(Not necessary if From First State Bank)*	*(Not necessary if To First State Bank)*
Type of Account	☐ Checking(DDA, MMA, NOW) ☐ Savings or Other _____	☐ Checking (DDA, MMA, NOW) ☐ Savings or Other _____
(Attach a voided check) Account Number		

Signatures

I/We authorize First State Bank to initiate/change/cancel credit and debit entries, as necessary, to complete this request. I/We understand that this authorization replaces prior authorizations and will remain in full force and effect until First State Bank receives written notification to change or terminate such authorization and has reasonable opportunity to act on it. (Notification to change/cancel must be received at least 5 business days prior to next scheduled transfer.) I also authorize First State Bank to debit my account for the charges (if any) pertaining to the transaction.
If used for the purpose of a loan payment, please note that the final payment will not be processed via ACH and must be submitted via cash, check, or other payment/transfer. For external transfers I acknowledge that I am an account holder or borrower on the account at the other institution.

Account Owner Signature Date Joint Account Owner Signature Date

For Office Use Only:

Special/Standing Instructions (if any):

Date Received:
Date Processed:
Branch:

Transfer Addenda Created By: