



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 Canceled 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	<input type="checkbox"/> First State Bank <input type="checkbox"/> Other _____	<input type="checkbox"/> First State Bank <input type="checkbox"/> 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	<input type="checkbox"/> Checking(DDA, MMA, NOW) <input type="checkbox"/> Savings or Other _____	<input type="checkbox"/> Checking (DDA, MMA, NOW) <input type="checkbox"/> 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
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For Office Use Only:

Special/Standing Instructions (if any):	Date Received:
	Date Processed:
	Branch:
Transfer Addenda Created By:	