

Customer's Name: _____

Transfer Type: Outgoing ACH
 Incoming ACH
 AFT

Transfer From: Name on Account: _____ Bank Name: _____ Routing Number (if external): _____ Account Number: _____ Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Transfer To: Name on Account: _____ Bank Name: _____ Routing Number (if external): _____ Account Number: _____ Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan
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Frequency: One Time Recurring monthly Other

Beginning Date : _____ End Date: if applicable) _____

Amount: _____ (If transfer is to a loan, this amount may vary based on interest rate, loan escrow or re-amortization changes.)

Special Instructions or Provisions: _____

Authorization: I hereby authorize Kleberg Bank to make the transfer(s) indicated above until further notice from me. If this agreement changes any prior authorization between you and the Bank, the prior authorization is hereby cancelled, and I instruct Kleberg Bank to follow this authorization. I further acknowledge that the Bank has no responsibility to contact me when the above transfer(s) occur(s). I understand that I can call the Bank to find out whether 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 Kleberg Bank 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 the Bank, 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 the Bank 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.

Customer Signature: _____ Date: _____

Termination of this Agreement: the undersigned cancels this auto transfer request.

Effective Date: _____ Customer Signature: _____

Call Back Verification/verification of funds, if applicable Callback conducted by: _____ Date of callback: _____ Time of callback: _____ Callback phone#: _____ Contact name _____ Relationship to account: _____ Employee verifying funds: _____ Request submitted by (email, fax, phone): _____	For Internal Use Only Employee requesting termination: _____ <u>Extension</u> _____ Termination request submitted by (email, fax, phone): _____ Submitted by: _____ Date submitted: _____ Date Received by Operations: _____ Received by: _____
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