

**Automatic Draft  
Authorization**

**[ALVA STATE BANK & TRUST COMPANY]**



**DEBITING ACCOUNT INFORMATION**

ACCOUNT NAME \_\_\_\_\_

FINANCIAL INSTITUTION \_\_\_\_\_

FINANCIAL INSTITUTION ADDRESS \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_  
(MUST BE 9 DIGITS)

TYPE OF ACCOUNT: CHECKING ( ) SAVINGS ( ) LOAN ( )

DEBIT AMOUNT \_\_\_\_\_ START DATE \_\_\_\_\_

FREQUENCY: Monthly ( ) Bi-Monthly ( ) Quarterly ( ) Other: \_\_\_\_\_

NUMBER OF DRAFTS \_\_\_\_\_

**CREDITING ACCOUNT INFORMATION**

ACCOUNT NAME \_\_\_\_\_

FINANCIAL INSTITUTION \_\_\_\_\_

FINANCIAL INSTITUTION ADDRESS \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_  
(MUST BE 9 DIGITS)

TYPE OF ACCOUNT: CHECKING ( ) SAVINGS ( ) LOAN ( )

By signing this form I hereby authorize Alva State Bank and Trust Company, to initiate debit entries on the above listed account and Financial Institute indicated above. This authority is to remain in full effect until your Company has received written notification from me of its termination in such time and manner as to afford your Company a reasonable opportunity to act on it.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE