Automatic Transfer Authorization

LOANS

TRANSFER AUTHORIZATION

Request Type	○ New Request ○ Change an existing transfer ○ Cancel existing transfer	
Transfer Type	○ Single (one-time) Entry	
	○ Recurring Entries (transfers that recur at substantially regular intervals without my affirmative action to initiate future entries)	
Credited Account ("Loan")	Loan Account Number	_____
	Primary Borrower Name	_____
Debited Account ("Account")	Account Holder	_____
	Bank	_____
	Account Type	○ Checking ○ Savings
	Routing Number	_____
	Account Number	_____
Amount to be Transferred	_____	
First Transfer Date	_____	
Termination Date	_____	
Frequency	○ Bi-Weekly (every 14 days) ○ Monthly ○ Semi-monthly on the following days	_____ & _____

For the purposes of this Automatic Transfer Authorization ("Authorization"), "you" or "your" refers to Southwest National Bank. "I", "me" and "my" refer to the Account Holder.

AMENDMENTS AND TERMINATION.

I authorize you to access my Account for all payments due on the Loan. You may continue to access the Account until the Loan is paid in full or until I provide you with written notice of cancellation. I understand that you require at least three (3) business days prior notice in order to cancel this Authorization and that written notice of cancellation should be sent to:

Southwest National Bank, P.O. Box 1401, Wichita KS 67201-1401

I also agree that the Amount to be transferred may be adjusted from time-to-time to reflect future changes in the payment amount. You will provide me notice of any adjustments to the Amount to be transferred as required by law. I understand and agree that if a payment due date falls on a non-business day, the payment amount will be debited from the Account and credited to the Loan as a loan payment on the next day you are open for regular business. I further understand and agree that if the Account does not have a sufficient balance on a day that a payment is to be debited from the Account and credited to the Loan, or if payments are dishonored by the Bank for any reason, you may, at your option, suspend further efforts to debit the Account and look to me for the payment and all subsequent payments until such time as all payments under the Loan are current. In no event will availability of any credit line that I may have with you be used in determining whether the Account has a sufficient balance. At your option and sole discretion, you may resume charging the Account without further instruction from me once all payments are current. In the event that you do not resume charging to the Account, you will notify me in writing that this authorization has been cancelled. Such cancellation of this authorization does not excuse me from making timely payment under the terms of the Loan. In any event, you, at your option, may cancel this authorization at any time.

SIGNATURES. By signing, I agree to the terms contained in this Authorization. I also acknowledge receipt of a copy of this Authorization.
ELECTRONIC SIGNATURE: I further agree that if I have signed this Authorization with one or more electronic signatures, I intend my signature to have the effect of my written ink signature. If I do not wish to use electronic signatures in connection with this Authorization, I should not agree to the terms of this disclosure. If I do not consent to the use of electronic signatures in connection with this Authorization, you will not be able to proceed with the acceptance and processing of my Authorization. I viewed and read the entire Authorization and notices before I signed it. I understand this Authorization is in the electronic form that you will keep. You may rely on, and enforce, this Authorization in the electronic form or as a paper version of the electronic form.

Signature	Date	Signature	Date
_____	_____	_____	_____

Reset Print