

**SOUTHWEST NATIONAL BANK
AUTOMATIC TRANSFER AUTHORIZATION**

- Instructions:**
1. Complete one of the following:
Part A: To request new transfers & update existing transfers, or Part B: To cancel existing transfers
 2. Sign the form
 3. Submit form to Southwest National Bank by fax to (316) 838-8338,
or mail to: Southwest National Bank, PO Box 1401, Wichita KS 67201-1401

Part A: Request new transfers or change an existing transfer

This is a **New request** **Change to an existing transfer** for Loan Account # _____

Customer Information

Name _____
Name _____

Account Information:

Bank Name _____
Account Type Checking Savings
Routing Number _____
Account Number _____

Amount to be withdrawn: _____

Frequency (choose one):

Biweekly - **EVERY 14 DAYS**
 Monthly
 Semimonthly - Please select two dates: _____ & _____

1st payment to start on: _____

I (we) authorize Southwest National Bank to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as listed above. I (We) understand that this authorization will remain in full force and effect until I (we) notify Southwest National Bank in writing,

by mail: Southwest National Bank
PO Box 1401
Wichita KS 67201
by fax: (316) 838-8338

I (we) understand that Southwest National Bank requires at least five (5) days prior notice in order to cancel this authorization.

Part B: Cancel existing transfer(s)

Please cancel the automatic transfer(s) from Account # _____ to the following Southwest National Bank account(s):

Loan Account # _____ Transfer Amount _____ Effective Date _____
Loan Account # _____ Transfer Amount _____ Effective Date _____

I (we) understand that Southwest National Bank requires at least five (5) days prior notice in order to cancel this authorization.

Signature Authorization:

ELECTRONIC SIGNATURE: You further agree that if you have signed this Automatic Transfer Authorization with one or more electronic signatures, you intend your signature to have the effect of your written ink signature. If you do not wish to use electronic signatures in connection with your Automatic Transfer Authorization, you should not agree to the terms of this disclosure. If you do not consent to the use of electronic signatures in connection with your Automatic Transfer Authorization, we will not be able to proceed with the acceptance and processing of your authorization. You viewed and read the entire Automatic Transfer Authorization and notices before you signed it. You understand that this Automatic Transfer Authorization is in the electronic form that we will keep. We may rely on, and enforce, this Automatic Transfer Authorization in the electronic form or as a paper version of the electronic form. Before you submit the authorization, we recommend that you print or save a copy for your records.

Signature _____ Date _____