



AUTOMATIC TRANSFER AUTHORIZATION
(For Loan Payment)

FROM: CHECKING ACCOUNT NUMBER _____

ACCOUNT TITLE _____

BANK NAME _____

ROUTING NUMBER _____ (A copy of a voided check must be attached.)

LOAN NUMBER _____

AMOUNT _____ **STARTING DATE** _____

TRANSFER WILL BE MADE ON _____ **OF EACH MONTH.**

This authorization is to remain in full force and effect until Bank has received written notification from me of its termination in such time and in such manner as to afford Bank a reasonable opportunity to act on it, such time to be not less than twenty (20) days prior to the next scheduled transfer.

As a convenience to me, I hereby request and authorize you to pay and charge to my account checks drawn on my account by and payable to the order of ARVEST BANK, Tulsa, Oklahoma, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing and until you actually receive such notice, I agree that you shall be fully protected in honoring any such check.

By signing below, I understand that this authorization will begin 30 days from receipt at ARVEST BANK.

NAME: _____ **SS#:** _____

DAYTIME PHONE #: _____

SIGNED: _____ **DATE:** _____