

PO Box 813, Brownwood, TX 76804 • 5750 County Road 225, Brownwood, TX 76801 • Phone (877) 346-1607 • Fax (888) 272-9502

Name (please print your full name as it appears on your account)

Contract Number

**DEPOSITORY INFORMATION:**

Depository Institution

Address

City

State

Zip code

**ACCOUNT INFORMATION:** – A copy of a **VOIDED CHECK** is required for automatic deposit.

☐ **CHECKING ACCOUNT**

☐ **SAVINGS ACCOUNT**

Name on Account

9-Digit Routing Number

Account Number

**AUTHORIZATION:**

I (We) hereby authorize credit entries to my (our) checking or savings account in the Depository Institution named above, and I (we) authorize the depository institution to accept and to credit the amount of such entries into my (our) account. If funds that I am (we are) not entitled to are deposited into my (our) account, I (we) authorize you to direct the depository institution to return such funds.

This authorization is to remain in full force and effect until written notification is received from me (us) of its termination in such time and manner as to afford the Company a reasonable opportunity to act upon it.

The following statement is required by the IRS: Under penalty of perjury, I certify that the number shown on this form is my correct Social Security Number and I am not subject to backup withholding. I certify that I am not under guardianship, nor have I made any assignment, pledge, or executed any document affecting ownership or right to any monies due or to become due under this contract, and further that no proceedings in bankruptcy are pending to which I am a party.

This form dated at (City/State) \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Owner Signature (if Joint, both must sign)

SSN / FEIN

Telephone Number

Witness Signature<sup>1</sup>

Witness Name

Telephone Number of Witness

<sup>1</sup> Owner's signature must be witnessed by an adult who is **not** a Beneficiary or newly named Owner.