

**PREAUTHORIZED INSTALLMENT DRAFT SYSTEM
FARM CREDIT BANK OF TEXAS ID: 1741110170**

Loan No.: _____ Borrower: _____

Association: _____ Effective Date (4th Day of): _____

(Fill out completely & Staple voided check behind form)

Change Bank Information

Bank Information

Start P.A.I.D. System - Installment

Financial Institution _____

Start Optional Fixed Amount (check box & enter amount)

Bank Credit Union

Additional Principal \$ _____

Account Number _____

30 Future Payment Fund \$ _____

32 Future Payment Fund - N.A.A. \$ _____

34 Funds Held - Taxes & Insurance \$ _____

35 Funds Held - Special \$ _____

31 Advanced Conditional Payment - (PCA's Only)

Checking Account Savings Account

Acct. No. _____ \$ _____

Routing Number _____

Additional Information

Delete From P.A.I.D System (check box & enter amount)

Installment \$ _____

Optional Fixed Amount \$ _____

Acct Type _____

I (We) authorize above named company to initiate debit to my (our) account with the depository named above. If the company erroneously debited funds into my (our) account, I (we) authorize the company to initiate the necessary credit entries not to exceed the total of the original amount debited for the entry in question.

This authorization will remain in effect until the company has received written notification from me (or either of us) that it is to be terminated in such time and manner for the company to act on it.

I (or either of us) have the right to stop payment of a debit by notification to my Depository three business days before my account is charged. After the account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by depository, provided I (we) send written notice of such debit entry in error to depository within 15 days following issuance of the account statement or 60 days after posting, whichever occurs first.

Name(s)

Signature(s)

Date

FCB Use:

Date Received: _____

Date Processed: _____

Verified By: _____