

## **Automatic Payment Authorization**

Texas Veterans Land Board Jerry Patterson, Chairman

Agency Name:	Agency Number:		* Effective Month/Year:
TEXAS VETERANS LAND BOARD	305		
Authorization:			
I /we hereby authorize the Texas Veterans Land Board (VLB) and its successors, assigns, authorized agents or any entity servicing my/our contract, to initiate debit entries to my/our financial institution account indicated below for \$ per month. The financial institution named below, hereinafter called FINANCIAL INSTITUTION, is hereby authorized to debit the same to such account.			
Your Financial Institution's Name:		Branch:	
City: State:		Zip+4:	
Financial Institution's Phone Number:		Financial Institution's Transit/ABA Number:	
Your Financial Institution's Account Number:		Type of Account:	
		[_] Checking        [_] Savings	
For Office Use Only		ATTACH VOIDED CHECK!	
This authorization may be terminated upon thirty days written notification of its termination from me (or either of us) to the VLB. I/we have the right to stop payment of a debit entry by notification to FINANCIAL INSTITUTION prior to charging account. If an erroneous debit entry is initiated by the VLB to my/our account, I/we shall have the right to have the amount of such entry credited to my/our account by FINANCIAL INSTITUTION, if, within fifteen calendar days following the date of which FINANCIAL INSTITUTION sent me/us a statement of account or a written notice pertaining to such entry, I/we send a written notice to the FINANCIAL INSTITUTION identifying such entry, stating that such entry was in error and requesting FINANCIAL INSTITUTION to credit the amount thereof to my/our account.			
Customer Name: PRINT	Social Security Nun	nber:	Customer Signature:
(1)	(1)		(1)
(2)	(2)		(2)
Daytime Phone Number:		VLB Account Number:	

\*ACCOUNTS CAN ONLY BE DRAFTED ON THE FIRST WORKING DAY OF EACH MONTH.