



Automatic Payment Authorization Instructions

Texas Veterans Land Board

Jerry Patterson, Chairman

This form must be received one month prior to the month you wish automatic payments to begin. If this form is not received by that time, your automatic payment service will be delayed one month and a check-type payment (with coupon) will be required.

Complete this authorization form with a ball point pen. Enter all information as illustrated on the next page.

The number in the table below refers to the location number listed on the Automatic Payment Authorization example illustrated on the next page.

1. Month you wish this service to begin.
2. Amount equal to or greater than payment shown on your monthly coupon.
3. Name of your financial institution, e.g., Interfirst Bank, A and B Credit Union, Homecity Savings and Loan.
4. Branch name of your financial institution, if applicable, e.g., North Hills, Downtown, Midtown.
5. City in which your financial institution is located.
6. State in which your financial institution is located.
7. Financial institution's mailing address with zip code plus four.
8. Financial institution's area code and telephone number.
9. Financial institution's personal Transit and Routing number for "electronic ACH items" (*contact your institution for this information*).
10. Contact your financial institution to inform them of this authorization and to verify your account number (*it may be different from the one shown at the bottom of your check*).
11. Check the type of account from which the payments will be withdrawn.
12. Attach a voided check to this form.
13. Name(s), social security number(s) and signature(s) of the holder(s) of the account from which payments will be withdrawn. On joint accounts, information on both holders must be provided.
14. Telephone number where you or your joint account holder can be reached during the hours of 8 a.m. - 5 p.m.
15. Account number as shown on your monthly coupon.
16. Furnish a completed copy of the Automatic Payment Authorization Form to your financial institution.
17. Please return the completed form and the voided check to our loan servicer at Texas Veterans Land Board, 1 Corporate Drive, Suite 360, Lake Zurich, IL 60047-8945.

***** Did you remember to allow at least one month for the service to begin when you entered the effective date?**

***** Did you remember to inform your financial institution of this authorization?**

***** Did you remember to attach a voided check?**



Automatic Payment Authorization

Texas Veterans Land Board
Jerry Patterson, Chairman

SAMPLE

Agency Name: TEXAS VETERANS LAND BOARD	Agency Number: 305	* Effective Month/Year: (1) 3/99
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 (2) for \$ <u>152.95</u> 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: (3) INTERFIRST BANK	Branch: (4) NORTH HILLS	
City: (5) DALLAS	State: (6) TEXAS	Zip+4: (7) 78776-4543
Financial Institution's Phone Number: (8) (214) 892-0347	Financial Institution's Transit/ABA Number: (9) 114921172	
Your Financial Institution's Account Number: (10) 80019002	Type of Account: (11) [X] Checking [] Savings	
For Office Use Only	(12) ATTACH VOIDED CHECK!	
<p>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.</p>		
Customer Name: PRINT (1) (13) JOHN Q. DOE	Social Security Number: (1) (13) 123-45-6789	Customer Signature: (1) (13)
(2) (13) JANE Q. DOE	(2) (13) 987-65-4321	(2) (13)
Daytime Phone Number: (14) (512) 473-0298	VLB Account Number: (15) 898-012345-2	

***ACCOUNTS CAN ONLY BE DRAFTED ON THE FIRST WORKING DAY OF EACH MONTH.
(16) FURNISH A COMPLETED COPY TO YOUR FINANCIAL INSTITUTION.
(17) RETURN COMPLETED FORM TO THE TEXAS VETERANS LAND BOARD**