



AUTOMATIC WITHDRAWAL FORM

Check all that apply: New Instructions Change of Instructions Delete Instructions

Please fill in the account information below.

Your Name: _____

T Bank, NA Account Number: _____

Address: _____

City: _____ State: _____ Zip : _____

Email Address: _____

Phone: _____

Bank Information for ACH Deposit

Bank Name: _____

Bank Address: _____ City: _____

State: _____ Zip : _____ Bank Phone: _____

ABA (Routing) Number: _____ Account Number: _____

Account Name: _____ Account Type: _____

Beginning on the _____ of _____, _____ and each month thereafter,
I authorize T Bank, N.A. to transfer \$ _____ via ACH, from my Trust account to the Bank
account indicated above. This authorization shall remain in effect until T Bank, N.A. receives
written notification to stop or change the automatic deposit.

Authorized Signature Dated

Authorized Signature Dated

Received by T Bank, NA

By: _____ Dated: _____