



Authorization for Internal Auto Draft

I hereby authorize First Liberty Bank, to charge my account, as instructed below for the monthly loan payment on Loan Number: _____.

Account Title: _____

Account Number: _____

Payment Due Date: _____

Payment Start Date: _____

Payment Amount to be Debited: _____

I understand that this authorization will remain in full force and effect until I notify First Liberty Bank by mail at PO Box 10109, Liberty TX 77575 or contact by phone to FLB at 936-336-6471 that I wish to revoke this authorization. I understand that First Liberty Bank requires at least 1-week prior notice in order to cancel this authorization.

Authorized Signature: _____ **Date** _____

*****BANK USE*****

Completed by: _____

Date: _____

Verified by: _____ Date: _____