

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

Bank Name: _____

I (We) hereby authorize Oklahoma Bankers Association, to initiate debit entries to my (our): Checking or Savings (select one) account indicated below and the depository name below, hereinafter called DEPOSITORY to debit the same to such account.

Depository Bank Name: _____

Branch: _____

City: _____ State: _____ Zip: _____

Transit ABA Number: _____ Account Number: _____

This authority is to remain in full force and effect until Oklahoma Bankers Association has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Oklahoma Bankers Association a reasonable opportunity to act on it. I (or either of us) have the right to stop payment of a debit entry. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account.

Name(s): _____	ID Number (if applicable): _____
Signed: _____	Date: _____
Signed: _____	Date: _____

Return to:
Sandra Teer, Accounting Manager
Oklahoma Bankers Association
643 NE 41st Street
Oklahoma City, OK 73105

Or to Sandra@oba.com