

## **AUTOMATIC BANK DRAFT AUTHORIZATION FORM**

1-800-256-7973 | 700 N. Broadway | P.O. Box 310, Tipton, OK 73570

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

Payments will be withdrawn on 25<sup>th</sup> of the month. If the date lands on a holiday or weekend, the amount will be withdrawn the following day.

## \*PLEASE RETURN THIS COMPLETED FORM WITH A VOIDED CHECK \*

Name on SWRE Account	:			
Customer Number:				
Account Number:				
		tric Association, Inc. hereafter caled in the Depository/Bank, hereind		
Depository/Bank:		Branch:	Branch:	
City:	State:	Zip:		
Transit/ABA Number:		Bank Account Nur	Bank Account Number:	
notification from; me, o DEPOSITORY and CO	r either of us, of its MPANY a reasonab		ich manner as to afford	
Aumorized Depository/Ba	ank Account Names:			
X				
MEMBER NAME (I	PRINT)	MEMBER SIGNATURE	DATE	
X				
MEMBER NAME (I	PRINT)	MEMBER SIGNATURE	DATF	