

PREAUTHORIZED INSTALLMENT DRAFT SYSTEM (P.A.I.D)
Farm Credit Bank Of Texas

Borrower: _____	Loan No: _____
Association: Capital Farm Credit, ACA	Effective Date (4 th day of): _____

- | | |
|--|--|
| <input type="checkbox"/> Start P.A.I.D. Installments | <input type="checkbox"/> Delete from P.A.I.D. System |
| | <input type="checkbox"/> Change Bank Information |

BANK INFORMATION OR ATTACH VOIDED CHECK HERE

Name on account as it appears
at Financial Institution: _____

Financial Institution Name: _____

Financial Institution Routing #: _____

Checking account #: _____

or

Savings account #: _____

I (We) authorize above named company to initiate debit to my (our) account with the depository named above. If the company erroneously debited funds into my (our) account, I (we) authorize the company to initiate the necessary credit entries not to exceed the total of the original amount debited for the entry in question.

The authorization will remain in effect until the company has received written notification from me (or either of us) that it is to be terminated in such time and manner for the company to act on it.

I (or either of us) have the right to stop payment of a debit by notification to my Depository three business days before my account is charged. After the account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by depository, provided I (we) send written notice of such debit entry in error to depository within 15 days following issuance of the account statement or 60 days after posting, whichever occurs first.

<u>Name(s)</u>	<u>Signature(s)</u>
_____	_____
_____	_____
_____	_____
_____	_____

Date: _____