

Texas Department of Banking

**AUTHORIZATION FOR DIRECT PAYMENT
OF REGULATORY ASSESSMENTS (ACH DEBIT)**

I hereby authorize the Texas Department of Banking (the “DOB”) and/or the Texas Comptroller of Public Accounts, on behalf of the DOB, to initiate debit entries to the deposit account (the “account”) indicated below at the depository financial institution (the “Depository”) indicated below, and to debit the same to the account. I understand that debit entries will be initiated from the account to pay annual renewal and assessment fees owed the DOB pursuant to Section 26.1 of the Texas Administrative Code and that I will be given at least 15 days notice prior to the debit entry. I acknowledge that the entries must comply with the provisions of U.S. law.

THIS FORM MUST BE FILLED OUT BY YOUR FINANCIAL INSTITUTION

Depository Name _____

Branch _____

City _____ State ____ Zip _____

Bank Contact Name _____

Bank Contact Phone Number _____

ACH/Routing Number (9 digit number) _____

Account Number _____

Type of Account ____ Checking ____ Savings

**FEES CAN NOT BE WITHDRAWN FROM YOUR PERPETUAL CARE
TRUST ACCOUNT**

This authorization will remain in effect unless terminated because of a corporate reorganization. The account information will remain effective unless modified because of a change in the account to which debits are authorized. I understand that written notice of a termination or modification must be provided to the DOB at least 30 days in advance of a scheduled debit.

Name of Certificate Holder _____

Certificate Number _____ Date _____

Signature _____ Title _____

Printed Name _____