

Authorization for Direct Payment of Regulatory Assessments (ACH Debit)

I hereby authorize the Texas Department of Banking (the "DOB") and/or the Texas Treasury Safekeeping Trust Company on behalf of the DOB to initiate debit entries to our 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 on the first business day of each state fiscal quarter (quarters beginning the first day of September, December, March, and June) to pay quarterly installments on the annual assessment owed the DOB pursuant to 7 TAC 3.36, unless we are notified in advance of a deviation from this schedule. I acknowledge that the entries must comply with the provisions of U.S. law.

ACH Account Data

Depository Name: _____

Branch: _____

City: _____

State: _____

Zip Code: _____

Routing Number: _____

Account Number: _____

Account Type: Checking Savings General Ledger

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 account to which debits are authorized. I understand that written notice of termination or modification must be provided to the DOB at least 30 days in advance of a scheduled debit.

Institution Name: _____

Charter Number: _____

Date: _____

Signature: _____