

# 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 25.23 of the Texas Administrative Code and that I will be given at least a 15-day notice prior to the debit entry. I acknowledge that the entries must comply with the provisions of U.S. law.

### THIS FORM MUST BE SIGNED BY AN AUTHORIZED AGENT.

Depository Name \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Contact Name \_\_\_\_\_

Bank Contact Phone Number \_\_\_\_\_

ACH/Routing Number (9 digit number) \_\_\_\_\_

Account Number \_\_\_\_\_

Type of Account (Check only one)  Checking  Savings

### FEES CANNOT BE WITHDRAWN FROM YOUR PREPAID FUNERAL BENEFITS ACCOUNT.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 Permit Holder \_\_\_\_\_

Permit Number \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_