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 33.27 of the Texas Administrative Code (TAC) 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 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 License Holder _		
License Number	Date _	
Signature		Title
Printed Name		
THE ACCOUNT INFO FINANCIAL INSTITUT		ST BE COMPLETED BY YOUR
Bank Name		
Branch		
City		State Zip
Bank Contact Name		
Bank Contact Phone N	umber	
ACH/Routing Number	(9 digit numbe	er)
Account Number		
Type of Account	Checking	Savings