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The Cattle National Bank & Trust Company
Health Savings Account
Authorization Agreement for Preauthorized Payments

BANK
NAME The Cattle National Bank & Trust Co.

I (we) hereby authorize The Cattle National Bank & Trust Co. to initiate DEBIT / CREDIT (circle one) entries to my (our) CHECKING / SAVINGS (circle one) account indicated below on a MONTHLY / SEMI-MONTHLY / WEEKLY / BI-WEEKLY / DAILY/ ANNUAL / SEMI-ANNUAL (circle one) basis in the amount of \$_____ for the purpose of Health Savings Account Funding.

The first transfer will begin on _____ (date).

If applicable, this agreement will terminate on _____ (date).

BANK
NAME _____ BRANCH _____
CITY _____ STATE _____ ZIP _____
ABA NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until the company and the bank listed above have received written notification from me (or either of us) of its termination in such time and in such manner as to afford the company and the bank a reasonable opportunity to act on it.

*****ATTACH VOIDED CHECK TO THIS AUTHORIZATION FOR VERIFICATION*****

NAME(S) _____ SSN/TIN _____
(PLEASE PRINT)

DATE _____ SIGNED X _____
SIGNED X _____