Payment Authorization Form

To:			
Date:			
Please acknowledge this lette	er as my written statem	ent of authorization to ch	nange the account information
for my automatic payments in	n the name(s) of		
		_, for account number:	
held at your company, finance	ial institution or etc.		
I have moved my account to longer be valid. Please change my informatio		nd the account number y	ou are currently using will no
Bank Name:	Texas National Bar	nk of Jacksonville	
Bank Address	300 Neches St., Jacksonville, TX 75766		
Routing Number	113115617		
Name(s) on Account	:		
New Account Number			
Account Type	□ Checking □	Savings	
If you have any questions in with this. I hereby authorize the change	-	free to contact me. Than	k you for your assistance
Thereby authorize the change	to my account.		
Accountholder Signature		Date	Phone Number
Accountholder Signature		 Date	— — — — — — — — — — — — — — — — — — —