



AUTOMATIC TRANSFER AUTHORIZATION

Donor Information

From:

Name: _____

Financial Institution _____

Account #: _____

Routing Number: _____

City: _____

State: _____

To:

Savannah Station TRP, Inc.

13420 Frisco Road, Yukon, OK 73099

Transfer Type

Fixed Amount \$ _____

Start Date: _____

Frequency

Weekly Monthly Annually

I understand that BancFirst will continue to make the transfer of funds requested above until such time as I request termination of the authorization. I further understand it is my responsibility to have sufficient funds on deposit to cover the transfers I have authorized.

External transfers will not be attempted multiple times. BancFirst is not liable if this transfer is not made as scheduled; for any checks or other debits not honored; and for any fees or other charges I incur due to returned checks or other debit requests because I did not have sufficient funds on deposit to cover the transfer.

If I decide to terminate the authorization, I agree to submit written notice to BancFirst no less than 5 business days prior to the desired termination date, as to afford BancFirst and Financial Institution a reasonable opportunity to act on it.

I authorize BancFirst, to initiate electronic transfer entries, and if necessary adjustments, from my account at the financial institution named above.

I acknowledge receipt of a copy of the document and agree to the terms of this authorization.

Donor

Date Signed

Savannah Station TRP Representative

Date Signed

Authorization must be received at least five business days prior to first payment date.
To ensure proper bank coding, please attach a voided check or deposit slip.

I hereby revoke this authorization.

Donor

Date Signed