

The SBOTIT is pleased to offer you the option of having your premiums deducted from your checking or savings account. To elect this form of payment, please complete and return this form (not your payment) to the State Bar of Texas Insurance Trust, 206 E. 9th Street, Suite 1501, Austin, TX 78701. Please be sure to include a voided check or deposit slip from the account, which you would like to be charged.

Please Note: You will receive a letter of confirmation of your initial direct deduction amount and effective date. Please watch for this notification and in the interim continue remitting your check to the payment address, State Bar of Texas Insurance Trust, P.O. Box 1297, San Antonio, TX. 78295-1297 until you have received confirmation.

ELECTRONIC FUNDS TRANSFER PROGRAM AUTHORIZATION AGREEMENT

COMPANY NAME

STATE BAR OF TEXAS INSURANCE TRUST

I hereby authorize State Bar of Texas Insurance Trust hereinafter called Company, to charge to my checking or savings account drafts on that account by the Company by electronic means. Such drafts or debits shall be payable to the Company provided there are sufficient funds in the account to pay draft or other debit entry upon presentation. All drafts will bear my name and checking or savings account number and it will not be necessary for anyone employed by the Company to personally sign the drafts.

BANK NAME

BANK PHONE NUMBER:

This authorization is to remain in full force and effective until Company has received written notification from me of its termination in such time and manner as to afford Company and Bank a reasonable opportunity to act on it.

NAME

CERTIFICATE # (Required)

DATE

SIGNATURE

SOCIAL SECURITY NO.

PLEASE CHECK ONE:

_____ FOR CHECKING ACCOUNT DEDUCTION, **STAPLE YOUR VOIDED CHECK HERE.**

_____ FOR SAVINGS ACCOUNT DEDUCTION, **STAPLE YOUR VOIDED DEPOSIT SLIP HERE.**