

1505 LBJ Freeway, Suite 350

Farmers Branch, TX 75234

Office: 972-685-6683

Fax: 972-685-6681

[SherrelCrane@GulfBank.com](mailto:SherrelCrane@GulfBank.com)

**ACH BANK DRAFT AUTHORIZATION**

|  |  |
| --- | --- |
| **CUSTOMER INFORMATION:** | |
| NAME (S) |  |
| ADDRESS |  |
| CITY, STATE ZIP |  |
| PHONE (Home): |  |
| PHONE (Office): |  |
| PHONE (Mobile): |  |
| LOAN NUMBER: |  |
| PAYMENT AMOUNT: | $ |
|  | |
| \*Please attach a check marked **VOID** to this form. | |
|  | |
| I (We) hereby authorize Gulf Coast Bank & Trust Company (GCB&T) to initiate electronic debit entries or effect a charge by any other commercially accepted practice to my (our) account indicated in the bank named below and I (we) authorize and request the BANK to honor the debit entries initiated by GCB&T and debit the same to my account. This authority pertains to GCB&T and the schedule of payments described in my mortgage note. Authorization is to remain in effect until the note is satisfied or GCB&T and BANK shall have received written notification of cancellation of debit authorization. | |
| LOAN NUMBER: |  |
| BANK NAME: |  |
| BANK ADDRESS: |  |
| BANK CITY, STATE ZIP |  |
| BANK ROUTING NUMBER: |  |
| CHECKING ACCOUNT NUMBER: |  |
| CHECKING ACCOUNT NAME: |  |
|  | |
| Print your name: |  |
| Signature: | |
| Date: |  |