AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED TRANSFERS (DEBITS)

CAPITOL FEDERAL SAVINGS BANK, 700 KANSAS AVENUE, TOPEKA, KANSAS 66603 ("COMPANY") TAX ID NO: 48-0160040

I (we) hereby authorize the Company to initiate debit entries to my (our) (savings) (demand) (other) account in the entity name below ("Financial Institution"), and I (we) authorize the Financial Institution to accept and to debit the amount of such entries to my (our) account. Such amount or date may be changed from time to time by the Company a duly completed Bill Check as defined in the Rules of the Mid-America Payment Exchange (the "Rules").

DEDUCT FRO	DM:			
FINANCIAL IN	NSTITUTION:			
CITY:		STATE:	ZIP:	
NAMES ON A	ACCOUNT:			
ROUTING NO:		ACCOUNT NO:		CHECKING SAVINGS
TOTAL MONTHLY PAYMENT: \$ EXTRA PRINCIPAL AMOUNT: \$ TOTAL M				HLY DRAFT: \$
EFFECTIVE M	IONTH:			
1 ST	5 TH 10 ^{TH**}	15 ^{TH*}		
		and installment loans can be made no later than 10 da accounts can only occur on the 10 th of each month.	ays after the due date	2.
as to afford Co of notice of te understands the payment stop Company. The The undersign	ompany a reasonable opportune ermination; however, the Com hat any debit entry may be res ped thereon in accordance wi e undersigned hereby agree(s)	ffect until the Company has received written notification fro ity to act on it and in no event shall it be effective with resp- pany reserves the right to terminate this authority and will cinded within 15 days after notice of posting has been sent to the rules. Such right of rescission may only be waived at that all entries initiated hereunder are to be governed in all charge to be established by the Company from time to tin lishonored" for any reason.	ect to entries processed I provide notification in to me or 45 days after p as to specific entry or e respects by the Rules a	I by the Company prior to receip writing to us. The undersigned posting, whichever occurs first, or intries previously initiated by the and agree(s) to be bound thereby
LOAN NUMBER:		EMPLOYEE NAME:	PRS NO:	
PROPERTY A	DDRESS:			
SIGNED:	BORROWER		DATE:	
SIGNED:			DATE:	
	CO-BORROWER			
		IMPORTANT Attach check marked "VOID" here		MEMBER FOIC HOU

