

FINANICAL INSTITUTION:

BOLITING NO

## **AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED TRANSFERS (DEBITS)**

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

A CCCULNIT NIC

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").

| ROUTING NO:  | ACCOUNT NO:   |  |   |  |  |  |   |  |
|--|---|--|---|--|--|--|---|--|
| MONTHLY PAYMENT:   | \$ EXTRA PRINCIPAL AMOUNT: \$   |  |   |  |  |  | MONTHLY DRAFT:  | \$   |
| EFFECTIVE MONTH:   |   |  |   |  |  |  | necking:  |  |
| WITHDRAWAL DATE:   | 1 <sup>st</sup> 5   | th 10 <sup>th</sup>  | 15 <sup>th</sup>  | 20 <sup>th</sup>   | 25 <sup>th</sup>   |  | Savings:  |  |
| *Pre-Authorized Transfers to<br>**Pre-Authorized Transfers   | 0 0   |  |   |  |  | •  | ter the due date.   |  |
| This authority is to remain in termination in such manner entries processed by the Corauthority and will provide no notice of posting has been sorules. Such right of rescission agree(s) that all entries initial agree(s) to pay Company a cowhich is returned "Insufficie | as to afforce mpany prior obtification in ent to me on may only ated hereur harge to be | I Company a reason to receipt of notion writing to us. The rafe days after pook waived as to spuder are to be goven established by the | onable oppor<br>ice of termin<br>e undersigne<br>sting, whiche<br>pecific entry of<br>erned in all r<br>e Company f | rtunity to ac<br>ation; howe<br>ed understar<br>ever occurs<br>or entries pr<br>espects by t<br>from time to | t on it arever, the nds that first, or previously he Rules | nd in no e<br>Company<br>any debit<br>payment s<br>initiated<br>a and agre | vent shall it be effective<br>reserves the right to ten<br>entry may be rescinded<br>stopped thereon in accor<br>by the Company. The ur<br>e(s) to be bound thereby | with respect to rminate this within 15 days after rdance with the ndersigned hereby y. The undersigned |
| LOAN NUMBER:   |   | PROPE  | RTY ADDRES  | SS:  |  |  |   |  |
|  |   |  |   |  |  |  |   |  |
| Signer   |   |  | Date  |  |  |  |   |  |
|  |   |  |   |  |  |  |   |  |
|  |   |  |   |  |  |  |   |  |
|  |   |  |   |  |  |  |   |  |
|  |   |  |   |  |  |  |   |  |
|  |   |  | ***OFFICE   | E USE ONLY <sup>*</sup>  | :**  |  |   |  |
| EMPLOYEE NAME:   |   |  | LOAN TYPI   | E: ML  | NL   | IL   | CL  |  |
| PROCESSED BY:  |   |  |   |  |  |  |   |  |
| TRANSFER NUMBER:   |   |  |   |  |  |  |   |  |

