



Lytle State Bank

OVERDRAFT PROTECTION AUTHORIZATION

NAME: _____

ACCT.# _____

I authorize the Lytle State Bank to transfer funds from account # _____ to
account # _____ if necessary to prevent an overdraft.

SIGNATURE: _____

DATE: _____

Deliver or Fax to: **Lytle State Bank**
 Customer Service
 830-772-4993

OFFICE USE ONLY:

On system by: _____ Date: _____