



City National Bank

www.cnbt.com • PO Box 1099 Taylor, TX 76574 • 512.352.2265 • 800.848.8472

Protecting Transfer Authorization Form

Please begin an automatic transfer from Account # _____

in the amount of \$ _____ to account # _____

when the account reaches a minimum balance of \$ _____.

Billing Options (Please initial next to preferred billing option)

_____ \$3.95 per month/per account (unlimited transfers)

_____ \$10.00 per transfer

Name (Please Print or Type)

Signature

Date