

AUTHORIZATION AGREEMENT

I, _____ (employee) on _____ (date), hereby authorize _____ (company) and City National Bank to initiate credit entries and if necessary to make adjustments for any credit entries made in error to the account below. This authority is to remain in effect until _____ (company) has received written notification from me of its termination and has been allowed a reasonable opportunity to act on the termination request.

Signature

Name (Please Print)

Social Security Number

Account Number

City National Bank

Bank Name

(512) 671-2265

Bank Phone Number

114901859

Routing Number

Account Type (Checking or Savings)

FOR COMPANY USE:	
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