



## 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: \_\_\_\_\_