FirstLockhart
NATIONAL BANK

AUTHORIZATION TO CHANGE ATM/POS DAILY LIMIT

I/We authorize First Lockhart National Bank to:

_____ Increase the daily POS transaction limit to $_____ until (date) _____.

_____ Decrease the daily POS transaction limit to $ _____ until (date) _____.

_____Increase the daily ATM transaction limit to $_____ until (date) _____.

_____ Decrease the daily ATM transaction limit to $ _____ until (date) _____.

Card Number: _____   Account Number: _____

Cardholder Authorization: _____

Banker Initials: _____   Date: _____