

AUTHORIZATION TO CHANGE DAILY LIMIT ATM/EFT/POS

EFT Limits **MUST** be approved by John & Denise

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) _____.

____ Decrease the daily EFT transaction limit to \$ _____ until (date) _____.

____ Increase the daily EFT transaction limit to \$ _____ until (date) _____.

Card Number: _____ Account Number: _____

Cardholder Authorization: _____

Banker Initials: _____

Date: ____