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### AUTOMATIC BANK WITHDRAWAL FORM

This form will authorize Keel & Nassour, L.L.P. to begin an automatic draft to your bank account within five (5) business days of the date this authorization is signed.

Last Name:	First Name:	MI:
Address:		
City:	State:	Zip:
Home Phone:	Alt. Phone:	Date of Birth:
Social Security Number:		
Account Number:	Routing Number:	Bank Name:

I authorize Keel & Nassour, L.L.P. to begin automatic draft of \$20 per month to be processed for the month in which it was received from my bank account as indicated above. I understand that my enrollment in the legal defense plan is for a one year period and that payment will continue on a monthly basis unless I provide a 30 day written notification of cancellation. In the event there are insufficient funds when a draft is charged to my account, I agree to pay a \$25.00 NSF fee. Anniversary date renewal will be automatic unless I provide said written notice of cancellation. I further agree to inform Keel & Nassour, L.L.P. of any account changes that would affect the monthly withdrawal. The effective date of my coverage will begin on the date of the withdrawal; however, I understand that the coverage will be retroactive to the date the application is signed.

Signature:	Date signed (mm/dd/yyyy):
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