

DIRECT DEPOSIT AUTHORIZATION FORM

Fill in the boxes below and sign the form.

nail:			
ite:			
st Name		First Name	MI
cial Security Number		Work Phone	
tion E	ffective Date Month Day Year		
me of Financial Institution			
count Number (in	iclude hyphens but omit spaces and special symbols.)	Type of Accou	nt Savings
uting Transit Number	(All 9 boxes must be filled. The first two numbers must be 01 through 12 or 21 through 32.)	Ownership of Account Self Joint Other	
indicated above for the purpose of e	expense and/or payroll. I also author	Office and City Bank to initiate credit e rize Lubbock Private Defenders Office s made in error or for Westlaw subscri	and City Bank to
Signature		Date _	
If the account is a joint account or in someone	else's name, that individual must also agree	to the terms stated above by signing below.	
Signature		Date _	
	HOW TO COMPLETE	THIS FORM	
1. Fill in all boxes above.			
2. Sign and date the form. Call your financial institution to			1234
make sure they will accept direct deposits.	JOHN PUBLIC 123 Main Street Your Town, FL 12345		19
Verify your account number and routing transit number with your financial institution	PAY TO THE ORDER OF		\$

NOTE: THE ACCOUNT AND ROUTING NUMBER MAY APPEAR IN DIFFERENT PLACES ON YOUR CHECK.

DOLLARS

Your Town Bank Your Town, FL 12345

· (250000005)· 1(234556789022)·

Do not use a deposit slip to verify

Account Number

the routing number.

Routing Transit Number