LUBBOCK PRIVATE
DEFENDERS OFFICE

DIRECT DEPOSIT AUTHORIZATION FORM

Fill in the boxes below and sign the form.

Email

Last Name | First Name | MI

Social Security Number ☐☐☐ – ☐☐ – ☐☐☐☐

Work Phone ☐☐☐ – ☐☐☐ – ☐☐☐☐

Action ☐ New ☐ Change ☐ Cancel

Effective Date ☐☐ Month ☐☐ Day ☐☐☐☐ Year

Name of Financial Institution

Account Number (Include hyphens but omit spaces and special symbols)

Type of Account ☐ Checking ☐ Savings

Routing 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

By signing this ACH Form, I authorize the Lubbock Private Defenders Office and City Bank to initiate credit entries to the account indicated above for the purpose of expense and/or payroll. I also authorize Lubbock Private Defenders Office and City Bank to initiate, if necessary, collections for payment adjustments for any credits made in error.

Signature _____ Date _____

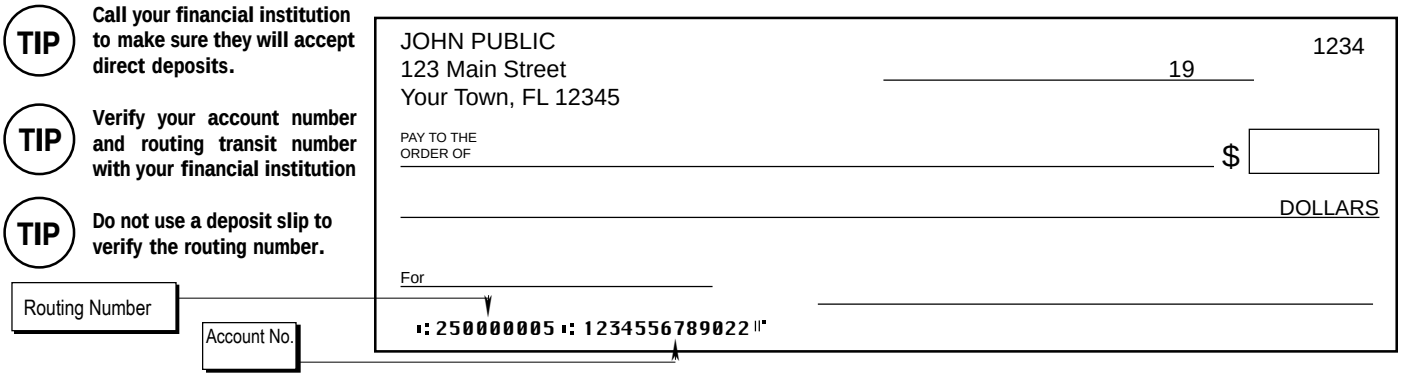
If the account is a joint account or in someone else's name, that individual must also agree to the terms stated above by signing below.

Signature _____ Date _____

TIP **Call your financial institution to make sure they will accept direct deposits.**

TIP **Verify your account number and routing transit number with your financial institution**

TIP **Do not use a deposit slip to verify the routing number.**



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