



Employee Direct Deposit Authorization Form

Employee Instructions:

1. Complete the employee required information section.
2. Complete the Direct Deposit Section and choose between one and two accounts.
3. Sign the bottom of the form.

Employer Instructions:

1. Complete the employer required information section.
2. FAX the completed form and supporting documentation to 806.356.9393

EMPLOYEE – Required Information <small>(Please Print)</small>	EMPLOYER –Required Information <small>(Please Print)</small>
Employee Name _____	Employer Name: _____
Social Security No. ____ / ____ / _____	Federal ID No. _____

Complete for DIRECT DEPOSIT Request

Account One

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit No.
Account No.

Checking

Savings

I wish to deposit (check one):

Entire Net Pay

____ % of Net

Specific Dollar Amount \$ _____.00

Attach only a void check, bank letter, or specification sheet. Deposit tickets not accepted.

Account Two

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit No.
Account No.

Checking

Savings

I wish to deposit (check one):

Entire Net Pay

____ % of Net

Specific Dollar Amount \$ _____.00

Attach only a void check, bank letter, or specification sheet. Deposit tickets not accepted.

I hereby authorize my employer, and its Agents, including Financial Institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed above. This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it and my employer has had reasonable time to effect such cancellation.

Employee Signature _____ Date _____