



Non-Federal Direct Deposit Enrollment Request Form
Authorization agreement for automatic deposits (ACH credits)

Directions for Customer Use:

1. *Ensure entire form is complete, then sign and date*
2. *Ensure appropriate Employer / Company address is used when mailing completed form*
3. *Employer/Company should review this form for completeness and suitability. If Employer / Company prefers or requires their own form, use account type, number and ABA routing number below to help complete their form*
4. **Mail form directly to Employer / Company** (Note: It is not necessary for employer or company to return the form to the bank once direct deposit is set up into the payroll system)

Employer / Company Name: _____

Address _____ City _____ State _____ Zip _____

I (we) authorize the above named **Employer/Company** to initiate credit entries to my **Texas Bank** Checking and/or Savings accounts indicated below and to credit the same to such amount. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Note: Funds may be deposited into one account or split between accounts as a set percent or dollar amount if your company allows.

Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account number: _____
ABA Routing Number: <u>111 904 943</u>
Deposit Amount: _____% OR \$_____ (Flat Amount) OR <input type="checkbox"/> Remaining

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If monies to which I am not entitled are deposited to my account, I authorize the Company (issuer) to direct the financial institution to return said funds and I authorize the financial institution to act on the Company's direction and to return said funds. This authority will remain in effect until Employer/Company has received written notification from me of its termination in such time and in such manner as to afford Company and financial institution a reasonable opportunity to act on it.

_____ First Name	_____ Middle Name	_____ Last Name	
_____ Address	_____ City	_____ State	_____ Zip
_____ Signature (required)	_____ Date	_____ Telephone Number	

NOTE: Written credit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.