FirstLockhart NATIONAL BANK

DIRECT DEPOSIT AUTHORIZATION
PAYROLL DEDUCTION

111 South Main Street, Lockhart, TX 78644 512-398-3416 www.firstlockhart.com

DIRECT DEPOSIT AUTHORIZATION

Name: _____ Account Number: _____

Employer: _____ SSN/TIN: _____

Home Phone: _____ Work Phone: _____ Payroll No.: _____

☐ Initial Authorization ☐ Change in Authorization

By signing below or otherwise authenticating, I authorize my employer to deduct from my salary the amounts indicated on this Authorization and to deposit these funds at the bank for each payroll period following receipt of this Authorization until further notice from me. I understand that this Authorization is revocable. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization.

Deposit Amount: ☐ Net Check ☐ $ _____ Payroll Period: ☐ Weekly ☐ Monthly ☐ BiWeekly ☐ Semi-Monthly

Routing Number: 114903213

Deposit To: ☐ Savings ☐ Checking Account Number: _____

X_____ _____

Signature Effective Date

By signing above or otherwise authenticating, I authorize First Lockhart to apply my payroll deduction for each pay period as follows:

Checking	# _____	$ _____	or _____%
Savings	# _____	$ _____	or _____%
Money Market	# _____	$ _____	or _____%
Loan	# _____	$ _____	or _____%
Loan	# _____	$ _____	or _____%
Loan	# _____	$ _____	or _____%
IRA	# _____	$ _____	or _____%
Other:	# _____	$ _____	or _____%
Other:	# _____	$ _____	or _____%
	TOTAL	$ _____	