



Direct Deposit Change Request

To (Direct Deposit Source): _____

From (Your Name and Address): _____

Social Security Number: _____

RE: Change of Direct Deposit Routing

Please *discontinue* sending my direct deposit to:

Financial Institution: _____

Account Number: _____

and/or Account Number: _____

Please *begin* sending my deposit to:

First Lockhart National Bank
111 South Main Street
Lockhart, TX 78644 Routing
Number: 114903213

Account Number: _____

Deposit Type: Savings Checking

Deposit Amount: Net Check \$ _____

Payroll Period: Weekly BiWeekly Monthly Semi-Monthly

Effective Date: _____

I hereby authorize my employer to deduct from my salary the amounts set forth in 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. If I fail to cancel this authorization upon filing for bankruptcy, my employer and the bank are directed to make and apply deductions in accordance with this authorization.

Signature: _____ Date: _____