

DIRECT DEPOSIT AUTHORIZATION PAYROLL DEDUCTION

111 South Main Street, Lockhart, TX 78644

512-398-3416

www.firstlockhart.com

DIRECT DEPOSIT AUTHORIZATION					
Name:	Tame: Account Number:				
Employer:	SSN/TIN:				
Home Phone:	Work Phone:		Payroll No.:		
	☐ Initial Authorization	☐ Change in Authoriza	tion		
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 Grant Number: 1149032		Payroll Period:	☐ Weekly ☐ BiWeekly	☐ Monthly☐ Semi-Monthly	
Deposit To: Savings Checking Account Number:					
X					
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	\$			