

Direct Deposit Change Request

To (Direct Deposit Source	e):			
From (Your Name and Ad	dress):			
Social Security Number:_				
RE: Change of Direct De	eposit Routing			
Please discontinue sending	g my direct deposit	t to:		
Financial Institution	on:			
Account Number:				
Please <i>begin</i> sending my o	deposit to:			
First Lockhart Nat 111 South Main St Lockhart, TX 786 Number: 1149032	treet 44 Routing			
Account Number: _				
Deposit Type:		Checking		
Deposit Amount:	Net Check	\$		
Payroll Period:	Weekly	BiWeekly	Monthly	Semi-Monthly
Effective Date:				
I hereby authorize my employer for each payroll period following revocable. If this is a change in a authorization. If I fail to cancel t deductions in accordance with the	receipt of this authorization a previous authorization this authorization upon	ration until further notice f a, I instruct my employer t	from me. I understand that o cancel my previous auth	t this authorization is corization and to follow this