
DIRECT DEPOSIT AUTHORIZATION FORM



NOTE: Check with your direct depositor to make certain no other information or specific form is necessary to complete the change of your direct deposit to your new bank account. If this form is acceptable, attach a preprinted voided check from your new account to this form and provide it to your direct depositor.

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Account number with company _____

PLEASE CHANGE THE ACCOUNT USED FOR DIRECT DEPOSIT TO MY NEW BANK ACCOUNT:

Last Name _____ First name _____ Middle Initial _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Last 4 of Social Security # _____

MY NEW ACCOUNT INFORMATION:

Account Type: Checking Savings

Account Number _____ Routing Number 111911156

I hereby authorize _____ (company name) to make deposits to my Alliance Bank Central Texas account indicated above and make any necessary adjustments for any credit made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

Signature _____ Date _____