

DIRECT DEPOSIT AUTHORIZATION

Employee #
Date

**Direct deposit is mandatory for Ector County and Elections.*

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____

Name of Bank: _____

Name of Account Holder: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ per check (fixed dollar amount) or Entire
Paycheck

Type of Account: Checking Savings Other | CashApp, Zelle, Venmo...etc. (Check One)

****Attach a voided check for each bank account to which funds should be deposited (if necessary)****

Ector County is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

*****If you are unable to provide a **VOIDED CHECK**, we will require a letter from your bank confirming your account details. The letter should include the **NAME ON THE ACCOUNT, ACCOUNT NUMBER, and the BANK'S ROUTING NUMBER**. Please ensure it is signed or stamped by a **BANK REPRESENTATIVE**.*****

Employee's Signature: _____ Date: _____

JOHN SMITH
123 YOUR STREET
ANYTOWN, USA 12345

VOIDED CHECK

1076
90-7685/3222
05

Date March 13, 2018

Pay to the Order of Jane Doe \$ 100.00

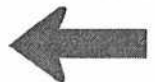
One hundred and 01/100 Dollars

LBS Financial lbsfcu.org
562.593.9007 • 714.893.5111
P.O. Box 4860, Long Beach, CA 90804-0860

For John Smith MP

⑆ 322276855⑆ 1076 0000000 0⑆

ATTACH
HERE



Routing Number

Check
Number

Account Number
+ Check Digit

