DIRECT DEPOSIT AUTHORIZATION FORM

EVERY FIELD MUST BE COMPLETED

NAME _____

EMAIL _____
(for deposit notifications)

I authorize Texas Exes to direct deposit funds to my account with the financial institution listed below. If funds to which I am not entitled are deposited in my account, I authorize the initiation of a correction (debit) entry electronically or by any other commercially accepted method. I understand that the authorization may be rejected or discontinued at any time. If any of the below information changes, I will promptly complete a new authorization agreement.

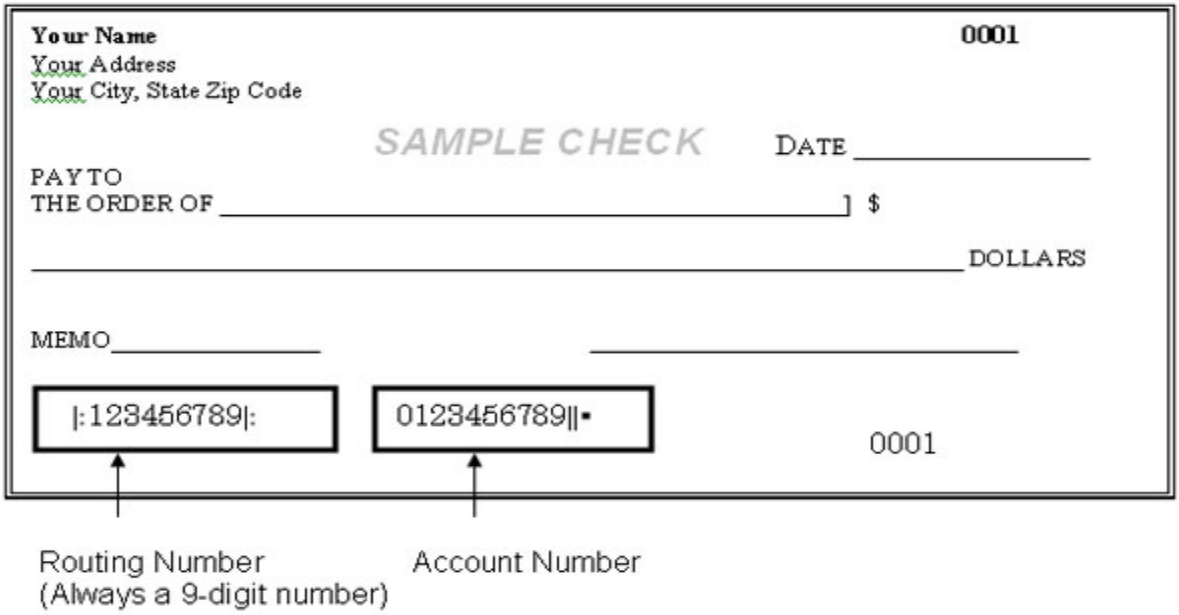
Account Type – *(Please check one)* ☐ Checking ☐ Savings

Financial Institution Name
(NAME OF BANK) _____

ABA Bank Routing Number (must be 9 numbers) **Account Number** (not to exceed 17 numbers)

⑆ | | | | | | | | | ⑆ ⑈ | | | | | | | | | | | | | | | | | ⑈

(Enter the above information from the bottom of your check or savings deposit slip, do not include the check number)



This authorization will remain in effect until the Texas Exes receives a *written* termination notice.

X _____ X _____
Signature Date