

Direct Deposit Request Form

Instructions for account owner: Complete this form and provide it to your direct depositor.

Personal Information

Accountholder Name:		
Address:		
City:	State:	Zip:

Account Information AVOID PROCESSING ISSUES! CALL (972) 263-5171 TO VERIFY YOUR 13-DIGIT ACH ACCOUNT NUMBER

13-Digit Account Number: _____
Routing Number: 3 1 1 9 7 9 8 7 5
Account Selection: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

_____ 0006

Pay to the order of _____ \$

_____ Dollars

TEXAS TRUST CREDIT UNION
MANSFIELD, TEXAS 76063

For _____ **MP**

VOID

⑆ 3 1 1 9 7 9 8 7 5 ⑆ ⑆ 0 0 0 6

Authorization

I authorize _____ (name of business) to automatically deposit funds to the account listed above, including my authorization to correct entries made in error. This authorization will remain in effect until I give written notice to cancel it.

Signature: _____ Date: _____