

## PAYROLL DIRECT DEPOSIT AUTHORIZATION

Please fill out & return to Payroll Department

Emp. # \_\_\_\_\_

**ATTACH A VOIDED CHECK TO THIS FORM**

I authorize you and the financial institution listed below to initiate electronic credit entries, and if necessary debit entries and adjustments for any credit entries in error to my:



Checking Account



Savings Account

SSN: **XXX - XX -** \_\_\_\_\_

each payday. This authority will remain in effect until I have cancelled in writing.

\_\_\_\_\_  
FINANCIAL INSTITUTION

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
CITY

\_\_\_\_\_  
ACCOUNT NUMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

FLAT AMOUNT OF: \_\_\_\_\_

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### FOR PAYROLL USE ONLY:

ROUTING NUMBER

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**Prenote:** \_\_\_\_\_

ACCOUNT NUMBER

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**Effective date:** \_\_\_\_\_

**Please Fax or e-mail: 806 775-7907**

**Attn: Elaine Ennis, Krisiti Goswick or Liz Delarosa**

**e-mail address: eennis@co.lubbock.tx.us**

**e-mail address: kgoswick@co.lubbock.tx.us**

**e-mail address: edelarosa@co.lubbock.tx.us**

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