

Please provide this Direct Deposit Authorization Form to your employer to establish automatic deposit.

**EMPLOYEE INFORMATION**

Name: \_\_\_\_\_

**ACCOUNT INFORMATION**Deposit Amount:  Full Paycheck  Partial Amount: \_\_\_\_\_Bank Name: Farm Bureau Bank Bank Routing/ABA Number: 1 2 1 2 8 1 8 9 2Bank Address: PO Box 33427 Bank Phone Number: (800) 492-3276  
San Antonio, TX 78265

Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_

Type of Account:  Checking  Savings

Pay to the Order of		_____	Date
<b>VOID</b>	<b>VOID</b>	<b>VOID</b>	\$ <input type="text"/>
<b>VOID</b>	<b>VOID</b>	<b>VOID</b>	DOLLARS
<i>FARM BUREAU BANK</i>			
For		_____	_____
1 2 1 2 8 1 8 9 2			

**AUTHORIZATION**

I authorize \_\_\_\_\_ (company name) and my bank to automatically deposit my paycheck into my account listed above (this includes my authorization to correct entries made in error). This authorization will remain in effect until I give written notice to cancel it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_