

DIRECT DEPOSIT AUTHORIZATION FORM

Fill in the blanks and present this form, along with a voided check or deposit slip, to your payroll department. Make additional copies if needed. You'll also need to send a completed form to anyone from which you receive direct deposits, such as the Social Security Administration, your pension administrator or any other benefit programs.

NAME OF PAYEE: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP _____

TO: _____

(Your Employer, Pension Account, Social Security Administration)

ViewPoint Bank

P.O. Box 869105, Plano, TX 75086-9105

VIEWPOINT ABA/ROUTING NUMBER: **!311987773!**

ACCOUNT NUMBER: _____

AMOUNT: _____ SAVINGS CHECKING

ACCOUNT NUMBER: _____

AMOUNT: _____ SAVINGS CHECKING

I hereby authorize and instruct the named company or organization to deposit my net paycheck or other periodic payment in the above described checking account. This request is to remain in effect until changed by me in writing.

SIGNATURE

DATE ___/___/___



ViewPoint Bank[®]

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