

Direct Deposit Authorization



Attach Voided Check Here

Please do NOT attach deposit slip

Full Legal Name: _____

Employer Name: _____

Check the appropriate item:

 Direct deposit.

The undersigned hereby requests and authorizes the entire amount of my paycheck each pay period to be electronically deposited directly into the bank account listed below. The undersigned further authorizes any debit entries and adjustments for any credit entries in error to the bank account listed below.

Bank Name _____

Account Number _____

Routing Number _____

 Bancfirst Debit Card.

The undersigned hereby requests and authorizes the entire amount of my paycheck each pay period to be electronically deposited directly into a Bancfirst Debit Card Account. The undersigned further authorizes any debit entries and adjustments, for any credit entries in error to the Bancfirst Debit Card Account.

The following information is needed:

Address _____

City, State, Zip Code _____

Date of Birth _____

Phone Number _____

E-mail address _____

Social Security Number _____

 I would like to cancel my deposit authorization.

The undersigned hereby cancels the authorization for direct deposit previously submitted.

Employee Signature

Date