



# Bank

## AUTOMATIC DEPOSIT FORM

(forms instructions provided on page 2)

**1. Please fill in the account information below. (required)**

Name (person(s) requesting): \_\_\_\_\_

T Bank, NA Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**2. Check One**

**(required):**

☐ New Instructions

☐ Change of Instructions (see section 3)

☐ One Time ACH Only

☐ Delete Instructions

**3. Check type of change**

**(only if change of**

**instruction selected**

**in section 2):**

☐ New Bank Instructions (input into section 4)

☐ Cycle (Input into Section 5)

☐ Amount (input into Section 4)

**4. Bank Information for ACH Withdrawal**

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

Bank Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip : \_\_\_\_\_ Bank Phone: \_\_\_\_\_

ABA (Routing) Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_ Account Type: \_\_\_\_\_

I authorize you to draw on my bank account, referenced above, \$ \_\_\_\_\_. This authorization shall remain in effect until T Bank, N.A. receives written notification to stop or change the automatic withdrawal.

**5. Cycle of Recurring Deposit**

☐ Monthly beginning \_\_\_\_\_ on the \_\_\_\_\_  
of each month and the \_\_\_\_\_ of each month.

OR

☐ Weekly on \_\_\_\_\_  
to occur once every \_\_\_\_\_ week(s).

**6. Note Deposit Breakdown Below (Only necessary for retirement/pension plan deposits):**

Employee (Pre-Tax):


401K Loan Payment:


Roth (After-Tax):

Cash Deposit:

Employer (P/S, Match, etc):

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Total: \_\_\_\_\_

**7. Notes:**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Dated



## **AUTOMATIC DEPOSIT FORM INSTRUCTIONS**

### **Section 1: Account Information**

Please complete in full for proper identification and processing. Completing this section is required.

### **Section 2: Type of Automatic Deposit**

Check only one item that represents the purpose of completing the form. Completing this section is required.

### **Section 3: Type of Change**

Only complete this section if you have chosen "Change of Instructions" as the option in Section 2.

For new bank instructions, you must complete Section 4.

For new cycle, you must complete Section 5.

For new amount, enter the new amount in Section 4.

For deleting instructions, if you have multiple recurring deposits please indicate which one you're requesting to be deleted by providing the amount in section 4 and/or provide the deleting information in the notes portion of section 7.

### **Section 4: Bank Information for ACH Withdrawal**

Must be completed in full in order to implement an ACH collection from your bank. Please consult your bank if you're not sure what the ACH instructions are. In many cases, the ABA (routing number) you find on your check book is not the same ABA (routing number) that is used by your bank for ACH instructions. ABA routing numbers are always 9 digits long.

### **Section 5: Cycle of Recurring Deposit**

Select the cycle in which you would like the ACH to occur. For monthly, select the day of the month you would like the deposit to be made each month. For weekly, select the day in the week you would like the ACH to occur and also select how often you would like it to occur (ie. every week or every two weeks or every 3 weeks etc.)

### **Section 6: Deposit Breakdown**

Please complete the breakdown of your desired deposit amount (if it is a retirement/pension plan) so it is appropriately coded in your account upon receipt of the ACH. Please note, each individual amount will result in an independent ACH transaction.

Please note that if you are making a deposit into a taxable Trust account, the default deposit type is "Cash Deposit."

### **Section 7: Authorized Signataure(s) / Notes**

Must be signed by authorized signer(s) on file with the Trust account in order for T Bank to process the ACH. The individual(s) signing should also be the authorized signer(s) for the bank account being debited as well.

In the Notes portion you may add anything you would like us to know regarding the automatic deposit.

You may return the completed form via mail, fax or email using the following:

Address:

T Bank Trust  
16200 Dallas Parkway, Suite 190  
Dallas, TX 75248

Email:

trust-support@tbank.com

Fax:

972-720-9025