

Direct Deposit Form

Complete this form and give it to your pay provider to arrar	nge or update your Inde	ependent Financia	al direct deposit.
☐ New Request (please fill out top portion)☐ Change Request (please fill out bottom portion)			
SETUP DIR	ECT DEPOSIT		
I authorize to deposit my payroll(s) as indicated below direct	ctly into:		
Independent Financial 7777 Henneman Way McKinney, TX 75070 Independent Financial Routing and Transit Number: 111916	5 <u>326</u>		
Account #:		\square Checking	_
Name:			
Signature:	Date:		
Type of Direct Deposit Social Security (SSA) Supplemental Security Income (SSI) Civil Service Retirement (Office of Personal Management) Veterans Compensation and Pension CHANGE OF DIRECT D	Agency Contact Information Call 1-800-772-1213 (1-800-325-0778TTY) www.socialsecurity.gov Call 1-888-767-6738 (1-800-878-5707TTY) www.servicesonline.opm.gov Call 1-877-838-2778 (1-800-829-4833TTY) www.va.gov		
To Whom It May Concern: You are currently depositing	T OF MY CHECK (check your records and direc ABA# remain the same	cone) to my accou t all future deposi	
if you have any questions regarding this request, please cor	itact file at () -	•	
Sincerely,			
Signature			
Name (please print)			
Street Name	City	State	Zip

For more information, please contact Customer Care at 800.460.6634.