



Authorization for Direct Deposit from The Lawton Group

Automatic Deposits

I hereby authorize The Lawton Group to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries I error to my **(select one)**

Checking Account

Savings Account

Indicated below and the depository institution named below, hereinafter called depository, to credit and/or debit the same to such account.

Depository Name	Branch	
City	State	Zip Code
Transit/ABA Number	Account Number	

This authority is to remain in full force and effect until The Lawton Group has received written notification from me of its termination in such time and in such manner as to afford The Lawton Group and Depository a reasonable opportunity to act on it.

Name (Please Print)	
Signature	Date

- Please submit completed form with a voided check for a checking account or a deposit slip for a savings account.
- Direct Deposit will begin approximately 2-3 weeks after form is submitted.