



Direct Deposit Authorization Form

Please complete the information below and return to Texas Legal by email attorneys@texaslegal.org or by fax 512-327-0163.

Name: _____

Email Address: _____
(This email is only used for Claim Remittance Notices to be emailed)

Address: _____

City, State, Zip: _____

Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account:

Texas Legal is hereby authorized to directly deposit my claim payment to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Provider Attorney Signature: _____

Date: _____