

VERNON E. FAULCONER, INC.



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**DIRECT DEPOSIT ENROLLMENT FORM**

**THERE ARE TWO REQUIREMENTS FOR THIS SERVICE!!**

1. **You must** provide a valid e-mail address in order for us to meet our legal obligations to provide your payment detail. The email address can be your own, or that of a family member, a friend, your bank, your accountant, etc.
2. **You must** provide a voided imprinted check.

**(Please type or print information legibly)**

I authorize VEF to send my payment via Electronic Funds Transfer (Direct Deposit via ACH). Please deposit my payment in my checking\_\_\_\_\_ or savings\_\_\_\_\_ account (check only one).

Owner Name: \_\_\_\_\_

Social Security or TIN: \_\_\_\_\_

VEF Owner Number: (List all) \_\_\_\_\_

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

Email Address (Required) \_\_\_\_\_

PLEASE ATTACH A **VOIDED CHECK** AND PROVIDE THE FOLLOWING

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

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

Bank Account Number: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return by mail or fax to the address and/or fax listed above.