

DIRECT DEPOSIT AUTHORIZATION

NAME: _____ NAME OF EMPLOYER: _____

ADDRESS: _____

CITY/STATE/ZIP _____ EMPLOYEE ID NUMBER _____



BANK OF WEST
BNP PARIBAS

Thornton
12000 NORTH WASHINGTON ST
THORNTON, CO 80241
1-800-488-2265

I hereby authorize the above named company to deposit my net paycheck or other periodic payment in the below described checking account. This request is to remain in effect until changed by me in writing.

Signature: _____ Date: _____

⑆ 10700 2147⑆ 046306874⑈

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CHECKING DEPOSIT TICKET

Date:
Previous Balance:
Deposit Amount:
New Balance:

PAMELA J DENNIS
CHRISTOPHER J EWALD
2090 E 112TH PL
NORTGLENN, CO 80233 2284

NEW ACCOUNT DEPOSIT

DATE _____

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL



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CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE AND ANY APPLICABLE COLLECTION AGREEMENT

CASH

C
H
E
C
K
S

SUBTOTAL

LESS CASH RECEIVED

\$

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LESS CASH RECEIVED

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