

**Dorfman Production
Company**

4849 Greenville Avenue
Suite 1250
Dallas, Texas 75206

www.dorfmanproduction.com

o: (214) 361-1660

**Direct Deposit
Enrollment Form**

New Application

Change

Cancel

Interest Owner Name: _____

Interest Owner Number: _____

Tax ID or Social Security Number: _____

Interest Owner Address: _____

City, State Zip: _____

Contact Phone Number: _____

Current Email Address: _____

Select One **Checking** **Savings**

Indicate One **Individual** **Company**

***ACH is not being offered for foreign bank accounts.*

Bank Name: _____

Bank Routing Number: _____

Name on Account: _____

Bank Account Number: _____

By signing below, I authorize Dorfman Production Company and my financial institution to electronically deposit my payment to the account specified. This authority will remain in effect until I have filed a new authorization. I understand that I can change my account or financial institution instructions at anytime by completing a new Direct Deposit Enrollment Form available from www.dorfmanproduction.com. I acknowledge that it will take 45 days after the receipt for changes to take affect. If a joint account, both owners must provide a signature.

By checking this box, I elect to no longer receive paper check detail once I have access to the website. Please email me my username and password.

Signature _____ Date: _____

Joint Signature (if applicable) _____ Date: _____

IT IS REQUIRED THAT YOU ATTACH A VOIDED CHECK OR A COPY OF A VOIDED CHECK