

Authorization Agreement for Direct Deposit

I hereby authorize Texas City I.S.D. to initiate Direct Deposit and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated below:

Employee Information | Please Print

Name (Last, First, MI): _____

Social Security Number (Last 4 Digits Only): _____

Phone Number: _____

Email Address: _____

Primary Account | This is where your entire paycheck or the balance is deposited after the % or \$ amount is deducted from the second and third accounts listed below.

Select One: <input type="checkbox"/> Start Date: _____	Account Type: (Select one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account Number: _____ Name of Financial Institution: _____ Financial Institution City, State: _____	NET PAY
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Second Account | Optional % OR \$ OF NET DISTRIBUTION

Select One: <input type="checkbox"/> Start <input type="checkbox"/> Change	Account Type: (Select one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account Number: _____ Name of Financial Institution: _____ Financial Institution City, State: _____	\$ _____ OR _____ %
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Third Account | Optional % OR \$ OF NET DISTRIBUTION

Select One: <input type="checkbox"/> Start <input type="checkbox"/> Change	Account Type: (Select one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account Number: _____ Name of Financial Institution: _____ Financial Institution City, State: _____	\$ _____ OR _____ %
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The employee will be responsible for the accuracy of their account number and bank routing number. The Payroll Department will not verify this with your bank. ***Please contact your financial institution to confirm these numbers before completing this form***. We will not process incomplete forms; they will be returned to you. The employee understands that if they bank with a Credit Union, they may not receive their Direct Deposit on Pay Day. The employee should check with their Credit Union regarding how quickly they process Direct Deposits.

Employee Signature: _____ **Date:** _____ (mm/dd/yyyy)

** Attach voided check **

Office Received: _____