

**DILLEY ISD**  
**PAYROLL DIRECT DEPOSIT**  
**EMPLOYEE AUTHORIZATION AGREEMENT**

I hereby authorize the Dilley Independent School District to initiate credit entries and to initiate, if necessary, debit for credit entries in error to my ( ) Checking ( ) Saving account (select one) indicated below at the bank or financial institution named below and to allow the bank or financial institution named below to also credit and/or debit the same to such account.

1. The name and address of the bank or financial institution into which you want your check deposited:

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2. The account number of your checking or saving account:

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3. The transit/ABA number (If unsure about this number, we will get it off your voided check)

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This authority is to remain in full force and effect until the District has received written notification from the employee of its termination in such time and in such manner as to afford the District and Bank a reasonable opportunity to act on it.

Signature: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a voided check to this form.