

ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

P.O. Box 3912 * 802 N. Sam Houston Ave * Odessa, Texas 79760

Phone: (432) 456-9769

Fax: (432) 456-9768

Employee Information:

Name (Last)			(First)			(Middle)		
Social Security #				Employee #				
Campus/Department				Home Telephone #				
Job Description / Full Time / Part Time / Substitute / What work you do for ECISD								

*I authorize ECISD to credit my account with the depository names on this form. If ECISD erroneously deposits funds into my account, I authorize ECISD to initiate the necessary debit entries not to exceed the total of the original amount credited for the current pay period. This authorization will remain in effect until ECISD has received written notification from me that it is to be terminated in such time and manner from ECISD to act on it.

*I understand if my check is sent to the wrong bank or account because incorrect information was submitted by me or if my account is closed or has changed and I fail to notify ECISD in time to act on this information, it may take several days to make any corrections.

* ALL ECISD employees are eligible to open an account at West Texas Educators Credit Union

* Departments with hiring authority must make this requirement known during the interviewing process.

SIGNATURE

DATE

Attach a voided check OR have your financial institution complete the information below:

Financial Institution Transit Code:		Account #		_____ Checking		_____ Savings	
Name of Financial Institution:							
Mailing Address of Financial Institution:				City		State	Zip Code
Signature of Authorized Officer:				Date Signed:			
Name of Officer (Print or Type)			Title:		Telephone No.		