



Department of FINANCE

NEW OR CHANGE IN AUTHORIZATION FOR DIRECT DEPOSIT/ CHASE PAYROLL CARD

Revised 05/01/2013

This agreement is made between Crowley Independent School District and

Employees Full Name

Employee # Required

New Authorization

OR

Change in Current Authorization

Yes (Complete the form below)

No (Complete the box to the right & then the form below)

Delete old account & replace with new account

Add an additional bank

Delete direct deposit on file & activate Chase Payroll Card

I hereby authorize Crowley Independent School District to initiate credit entries, debit entries, and adjustments to my checking, saving, or Chase Payroll Card indicated below.

OPTION 1

DIRECT DEPOSIT – FINANCIAL INSTITUTION(S)

1st BANK NAME _____

Bank Routing # for ACH Deposit _____ Personal Acct. # _____

This will be the primary account for net earnings.

Circle One: Checking or Savings

2nd BANK NAME _____

Bank Routing # for ACH Deposit _____ Personal Acct. # _____

Circle One: Checking or Savings

****IMPORTANT****

The payroll department **must** have financial institution verification of your routing and account numbers. Examples include: voided check, copy of check, copy of membership card, or a printout from the bank that provides routing and account numbers.

OPTION 2

CHASE PAYROLL CARD

Address _____ City _____ State _____ Zip _____

Phone # _____

This authority, due in our payroll office by the 5th of the month, is to remain in full force and effect until Crowley Independent School District has received written notification from me of its termination in such time and in such manner as to afford Crowley Independent School District and the Financial Institution a reasonable opportunity to act on it. Written termination of the above authority must be received in our payroll office by the 5th of the month.

DATE _____ EMPLOYEE'S SIGNATURE _____