

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I hereby authorize Alief I.S.D. to initiate credit entries (deposits) to the account indicated below and the depository named below to credit the same to such account. If Alief ISD erroneously deposits funds into my account, I authorize Alief ISD to initiate necessary debit entries, not to exceed the total of the original amount credited for the current pay period.

New Hire Change

Last Name		First Name		MI
Social Security No.			Employee ID	
Type of Account	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	rapid! PayCard <input type="checkbox"/>	
Name of Bank			City/State Account Open	
Routing Number		Account Number		

This authority may be terminated upon 30 days prior written notification from me to Alief I.S.D.

SIGNATURE _____

Date _____

ATTACH A VOIDED CHECK OR LETTER FROM YOUR BANK WITH ACCOUNT AND ROUTING NUMBER FOR THE ABOVE NAMED ACCOUNT