

CHANNELVIEW ISD DIRECT DEPOSIT AUTHORIZATION FORM

SECTION 1: EMPLOYEE INFORMATION (TO BE COMPLETED BY EMPLOYEE)

NAME OF EMPLOYEE (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER
CAMPUS/DEPT (LEAVE BLANK IF A SUB)	POSITION

SELECT ONE: Begin Direct Deposit
 Change Bank / Account Number
 Cancel Direct Deposit

ALL INFORMATION MUST BE CORRECT AND COMPLETE.
Please contact your financial institution to verify all information, particularly the ACH Transit Routing Number, which is not always the transit number on your check.

SECTION 2: FINANCIAL INFORMATION (TO BE COMPLETED BY EMPLOYEE OR FINANCIAL INSTITUTION)

NAME OF FINANCIAL INSTITUTION	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS
<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"/>	DEPOSITOR ACCOUNT NUMBER	
ROUTING NUMBER		

SECTION 3: AVAILABILITY OF FUNDS STATEMENT (TO BE INITIALED BY EMPLOYEE STATING UNDERSTANDING)

Once your direct deposit has been transmitted, your bank is responsible for the availability of your funds. If you have closed your account, the bank will refund the money to the district; however, the district MUST wait for receipt of these funds before they can be reissued to you.

Empl'ee Initial

SECTION 4: VOIDED CHECK (MUST BE ATTACHED TO START DIRECT DEPOSIT)

Attach One of the Following:

- Voided Check (For Checking Accounts)
- Copy of Bank Card (For Savings Accounts)
- Letter of Account Information from Bank

SECTION 5: EMPLOYEE SIGNATURE

I certify that I have read, understood and hereby authorize my payment(s) to be electronically deposited with the financial institution named above in the designated account. This authorization will remain in effect until the district has received written notification from me that it is to be terminated in such time and manner for the district to act on it. If the district erroneously deposits funds into my account, I authorize the district to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current pay period.

PAYEE SIGNATURE	DATE
<input type="text"/>	<input type="text"/>

*****RETURN COMPLETED FORM TO THE PAYROLL DEPARTMENT (MAKE SURE A VOIDED CHECK IS ATTACHED)**

FOR BUSINESS OFFICE USE ONLY:

Date Received: _____ Date Completed: _____ Completed By: _____