



Columbia-Brazoria

INDEPENDENT SCHOOL DISTRICT

Direct Deposit* Authorization Agreement

P.O. Box 158, West Columbia, TX 77486

★ 979-345-5147 ★ fax 979-345-4890

★ www.cbisd.com

Eligibility and Participation

- Direct deposit offers you a safe and convenient way of receiving your pay. All employees of Columbia-Brazoria I.S.D. are required to participate in payroll direct deposit. All checks and direct deposit memos will be distributed according to district practice.

Funds Availability

- Your direct deposit will be electronically transferred from your employer to your financial institution and the funds will be available on the effective pay date. Please contact your financial institution to find out when direct deposits are posted to your account, as many banks post at different times.
- Bank holidays that occur on a payroll week may cause a one-day delay. Check with your bank for fund availability.
- To verify your direct deposit posts correctly, we recommend contacting your financial institution on your first direct deposit pay date in order to ensure that your funds have been posted.

Enrollment

- Participation is required by completing this authorization form and the Direct Deposit Enrollment, Change, or Cancellation Request Form.
- This Direct Deposit Authorization Agreement and the Direct Deposit Enrollment, Change, or Cancellation Request Form should be given to the Business Office for processing.
- **A prenote test will occur after the request has been received/processed and then the actual direct deposit will begin the following pay date. The prenote test is used to verify your financial institution will recognize and accept your bank routing and account numbers. You will receive a paycheck instead of a direct deposit memo, for the pay date that the prenote test is being performed.**
- If your direct deposit request does not process as you requested, please contact the Business Office.

Change/Cancellation

- You may change accounts at any time. **Reminder: A prenote test will occur as mentioned under the Enrollment section above.** Please indicate the request in the provided space, on the Direct Deposit Enrollment, Change, or Cancellation Request Form.

Authorization

- By signing below, I acknowledge that I have read the above agreement and agree to comply with all of the terms and conditions as stated. This authorization is to remain effective until the Business Office has received written notification from me of its termination in such a manner as to afford the Business Office and my financial institution a reasonable opportunity to act on it.
- If my financial institution is involved in a successor transaction, this authorization will remain in effect. I will be responsible for notifying the Business Office (per the change/cancellation section) if I do not want funds to go to the successor financial institution.
- If monies to which I am not entitled to are deposited in my account, I authorize my employer to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization and it has been processed, revoked the agreement in writing, or upon termination of my employment with the company.

Employee Name (please print)

Employee Signature

Date

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Direct Deposit* Enrollment, Change, or Cancellation Request Form

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Note: This form must be signed and submitted with the Direct Deposit* Authorization Agreement. Please keep a copy for your records.

Please complete the following form to enroll in direct deposit. **You will receive a check instead of a direct deposit memo for the first pay period after your account information is entered (during the prenote test as mentioned in the Direct Deposit Authorization Agreement).** Should you notice any errors or discrepancies, please contact the Business Office immediately.

I authorize Columbia-Brazoria I.S.D. and/or its affiliates and the financial institutions listed below to electronically deposit my payroll monies to the specific account numbers listed below.

Please PRINT all information in black or blue ink.

Employee Name (Please Print)	Employee Social Security Number	Date
Campus/Location	Email Address:(E-Voucher) _____ Employee Signature: _____	

NET PAY DEPOSIT

Routing Number	Name of Financial Institution	
Account Number	Account - Please Check one action/one account type <input type="checkbox"/> ENROLL <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account	NET PAY

PARTIAL PAY DEPOSIT

Routing Number	Name of Financial Institution	
Account Number	Account - Please Check one action/one account type <input type="checkbox"/> ENROLL <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account	Dollar Amount

PARTIAL PAY DEPOSIT

Routing Number	Name of Financial Institution	
Account Number	Account - Please Check one action/one account type <input type="checkbox"/> ENROLL <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account	Dollar Amount

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