

Direct Deposit Authorization Agreement

Please type or print only. (*red ink only or typed*)

New account Account change

Please allow 30 days for changes to process. A Due-Date Schedule for Direct Deposit Changes is available online.

Last name _____ First name _____

Employee Identification Number _____ Campus/Location _____

I hereby authorize the Conroe Independent School District to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error to the checking or savings account indicated below.

Only one account type may be selected. Funds can not be "split" into different accounts.

Checking

A voided check **must** be attached.

Savings

Official Verification of Bank Account **must** be attached.

Pay Card

Pay Card Enrollment form **must** be attached.

I am aware that I should monitor my bank account and/or Employee Access Center for this change as it may take two pay periods to update. If a paper check is printed due to a prenote, the check will be mailed to my address of record.

I understand that the direct deposit is due at my bank based on CISD's pay dates and that I am responsible for any and all bank service fees that result from paying out of my account before the direct deposit was posted. Once a direct deposit has been transmitted, my bank is responsible for the availability of my funds

Failure to notify the Payroll Department of account changes by the payroll deadline may result in a delay in receiving funds and a \$20 replacement fee. If my account has been closed while funds are being transferred or my bank cannot accommodate the direct deposit, the funds must be returned before a replacement check can be issued. This may take up to five business days after a pay date. If a paper check is issued and a new Direct Deposit form has been received, the check will be mailed to my address of record. However, if a paper check is issued and a new Direct Deposit Agreement has not been received, the check must be picked up at the Finance Office and a new Direct Deposit Agreement must be authorized.

I am further aware that I may view important payroll and benefit information through the Employee Access Center. Paper vouchers will not be printed.

This authorization will remain in effect until the next available pay date after the District has received written notification of a change from either my financial institution or from me.



Signature _____ Date _____

Attach a voided check to this form if selecting your paycheck to be directly deposited into your checking account or attach a savings account deposit slip if selecting a savings account. Return to the Payroll Department.

Payroll Department Use Only

Bank Code: _____ Date Entered: _____ Initials: _____

Date Entered: _____ Initials: _____