CYPRESS FAIRBANKS
INDEPENDENT SCHOOL DISTRICT
LEARN • EMPOWER • ACHIEVE • DREAM

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

_____
School

I hereby authorize Cypress-Fairbanks ISD to initiate credit entries (deposits) to the account specified below and authorize the depository named below to credit the entries to the account specified.

NAME _____

LAST FIRST MI

SOCIAL SECURITY NUMBER _____-_____-_____

EMPLOYEE NUMBER _____

TYPE OF ACCOUNT (Check One): ☐ CHECKING ☐ SAVINGS

EMPLOYEE BANK ACCOUNT NUMBER _____

NAME OF DEPOSITORY (BANK) _____

DEPOSITORY TRANSIT/ABA NUMBER (ROUTING NUMBER) _____

This authority may be terminated upon 30 days prior written notification from me to Cypress-Fairbanks ISD.

SIGNATURE: _____ DATE: _____

INSTRUCTIONS

1. Please complete the form above by completing the questions that apply to you and attaching a voided check
2. Please contact your bank to verify your correct account and routing number (most banks will verify this information over the telephone)
3. Please contact the Payroll Department BEFORE closing or changing your bank account