

Dayton Independent School District

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Dayton ISD** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Dayton ISD** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Dayton ISD** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Dayton ISD** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

NAME: _____

Last (please print)

First

Middle

SOCIAL SECURITY NO. _ _ _ - _ _ - _ _ _ _ _

EMAIL: _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking
 (22)

Savings
 (32)

Banking Code : _ _ _ (office use only)

I HAVE READ AND UNDERSTOOD THIS AGREEMENT

X

Signature

Effective Date

Please attach a voided check or deposit slip and return this form to the Payroll Department.

