DIRECT DEPOSIT AUTHORIZATION AGREEMENT DEER PARK INDEPENDENT SCHOOL DISTRICT

I hereby authorize Deer Park ISD to initiate deposit entries to the account(s) indicated below and authorize the depository named below to credit my account.

NAME (PLEASE PRINT)				
LAST EMPLOYEE ID#		FIRST LAST 4 DIGITS OF SO	MI OCIAL SECURITY #	
PRIMARY DIRECT DEPOSIT #1				
TYPE OF ACCOUNT	CHECKING SAVINGS			
NAME OF BANK	PHONE NUMBER			
CITY AND STATE				
BANK TRANSIT/ABA #				
DIRECT DEPOSIT #2				
TYPE OF ACCOUNT	CHECKING	SAVINGS	AMOUNT	
NAME OF BANK	PHONE NUMBER			
CITY AND STATE				
BANK TRANSIT/ABA #				
ATTACH A PRE-PRINTE	D VOIDED C	HECK FOR EACH /	ACCOUNT NAME	D ABOVE
OR A DOCUMENT PRO	<mark>OVIDED BY Y</mark>	OUR BANK WITH	DEPOSIT INFOR	MATION
DIRECT DEPOSIT consists of an electror which is furnished to the appropriate be accounts. There is a pre-notification rur you will receive a paycheck for the first	anks. This allows	s the district to deposi formation provided be	t paychecks directly ir efore any money is tra	nto employee's
All employees should check their accou all is correct with their bank. FUTURE C Office at least thirty (30) days prior to t check to be issued prior to the change be	HANGE of bank he change. This	or account number rewall interrupt direct de	quires written notifica	ation to the Payroll
The District pays most employees perio the year, the amount of pay an employ received. Upon severance of employme whether owed to the employee or the	ee has earned ment, the District a	nay not exactly equal t	he amount of pay the	employee has
I have read the above and agree with the	ne statements ar	nd wish to participate	in Direct Deposit.	
Signature			 Date	 Revised 8/14