

SECTION A: EMPLOYEE INFORMATION

Campus/Location _____ Date _____
Employee Name _____ Employee # _____

IMPORTANT: CONTACT PAYROLL IMMEDIATELY BEFORE CLOSING BANK ACCOUNT

SECTION B: FINANCIAL INSTITUTION INFORMATION

Check ONE of the following:
[] New (Prenote Required)
[] Change (Prenote Required)
[] Cancellation (Upon cancellation of direct deposit, you must provide payroll with a new Direct Deposit Authorization Agreement.)

Check ONE of the following account types:

Form with checkboxes for Checking and Savings, and fields for Routing/Transit # and Account #.

Name of Bank _____
Address _____
City _____ State _____ Zip _____

SECTION C: DIRECT DEPOSIT AUTHORIZATION

- I hereby authorize Dickinson Independent School District to deposit my payroll check into my checking or savings accounts as indicated above.
I further understand that I must attach either:
Voided check
Bank Verification
Deposit slip
If my bank cannot accommodate the direct deposit service, I will be notified and my paycheck will be issued as before.
I hereby authorize Dickinson Independent School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit made in error to my accounts as indicated above.

Employee Signature _____ Date _____

SECTION D: BANK VERIFICATION DOCUMENTS

Form for Jane Doe, 999 Check Street, Somewhere, USA 99999. Includes fields for routing/transit # (222966221) and account # (116699008855321).

Accounting Use Only section with fields for Entered By, Date Entered, and checkboxes for Payroll and Accounts Payable.