## GALENA PARK INDEPENDENT SCHOOL DISTRICT **AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

I HEREBY AUTHOR and to initiate, if nec	essary, debit entries	for any errors	in my account.	A direct deposi	t test must be
<u>conducted before any</u> and not a red direct d					
NAME (Please Print):					
NAME (Please Print):	Last	Fii	st	MI	
EMPLOYE ID #: (6 Digits, located on y	your check/direct deposit s	CAMPUS/DEPA	RTMENT:		
Please fill in account inf	ormation below and p	rovide a <u>voided ch</u>	eck or Bank form	with necessary in	formation
First Time Direct Depe	osits AND Changes to	Direct Deposits:	Will take <u><b>TWO</b></u>	pay periods to be	come effective.
Primary Direct Deposit					
Name of Institution					
Bank Transit/ABA #					
Account No					
Type of Account:	Checking	Saving 🗌 N	lo Changes to Pri	mary Account	
Secondary Direct Depos	it				
Name of Institution					
Bank Transit/ABA #					
Account No					
Type of Account:	Checking 🗌 Savi	ng Change	in Amount A	mount \$	
Employee's Signature_			Date		

Attach a pre-printed *voided check or Bank form* for the above account(s) and return the completed form to the Compensation Department.

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