

Katy Independent School District
AUTHORIZATION AGREEMENT FOR PAYROLL DIRECT DEPOSIT

Please fill out one form per deposit account

Type of Transaction	
	NEW / UPDATE - Establish or change direct deposit
	CANCEL - Stop my payroll deposit

EMPLOYEE NAME: _____

I authorize Katy ISD to transfer my paycheck directly to the financial institution(s) noted below for deposit:

<input type="checkbox"/>	Direct Deposit Account NET Amount: NET AMOUNT	<input type="checkbox"/>	Checking	<input type="checkbox"/>	Savings
<input type="checkbox"/>	Direct Deposit Account 2: \$____.____ Amount	<input type="checkbox"/>	Checking	<input type="checkbox"/>	Savings
<input type="checkbox"/>	Direct Deposit Account 3: \$____.____ Amount	<input type="checkbox"/>	Checking	<input type="checkbox"/>	Savings

Employee's Bank Account Number	Transit/ABA Number Routing Number
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Financial Institution (Name of Bank)

Please Attach a voided Check or document from bank verifying routing and account number

OR, you can elect to have your pay deposited to a Pay Card:

If you do not have or wish to provide checking account info, you may receive your pay on a Prepaid Payment Card. Your pay is automatically deposited to the card and immediately available for you to access on payday. Just complete the section below:

Payment Card Order Form:

NAME: _____

PHONE NUMBER: _____

MAILING ADDRESS: _____

SOCIAL SECURITY NO: _____

DATE OF BIRTH: _____

This authorization will remain in effect until Katy ISD has received written notification from me that it is to be terminated, or when Katy ISD is notified by your financial institution of a change or I have terminated the Pay Card, as provided in the Terms and Conditions received with the card. Ten days notice is required for an employee to terminate their direct deposit. If I choose the Pay Card Option, I understand that this card was provided to me as an option by my employer and that there are fees for account maintenance and card use that will be deducted from the card balance. I hereby authorize my employer to act as my agent to submit my application for the Pay Card to the issuing Financial Institution of the Pay Card, and to the Terms and Conditions governing my use of Pay Card that I will receive at the time I receive my card. If funds or monies to which I am not entitled are deposited to my account or my Pay Card I authorize my employer to initiate a correcting entry to my account or Pay Card to withdraw funds to correct the error or overpayment. I further acknowledge that while the District does not anticipate any delays in the receipt of my direct deposit, in the event that a delay does occur, the District is not responsible for any inconvenience or charges caused by such delay.

The USA PATRIOT Act is a federal law that requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. You will be asked to provide your name, a valid physical US street address, a telephone number, a date of birth, and other information that will allow us to identify you. You may also be asked to provide documentation as proof of identification. I acknowledge and agree that this authorization may be rejected or discontinued by the issuing Financial Institution at any time.

Signature	Print Name	Date
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SSN	Katy ID Number	Campus/Dept.
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