

**NEEDVILLE INDEPENDENT SCHOOL DISTRICT
DIRECT DEPOSIT AUTHORIZATION
AGREEMENT**

I (We) hereby authorize the below listed Company, hereinafter called Company, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit an/or debit the same such account. **PLEASE ATTACH A VOIDED CHECK TO THIS AUTHORIZATION FORM.**

Employee Name: _____

Employee ID#: _____

Campus: _____

Phone Ext.: _____

Please (circle one) initiate/change my direct deposit as indicated below:

Primary Account:

Bank Name:	
Routing/Transit #:	
Account#	
Type of account for net pay: (circle one) Checking/ Savings	Amount: \$Net Pay*****

Secondary Account:

Bank Name:	
Routing/Transit #:	
Account#	
Type of account for fixed amount: (circle one) Checking/Savings	Amount: \$

This authority is to remain full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. (Must be authorized signatory on the Checking/Savings account listed above.)

I am an authorized signatory on the Checking/Savings account listed above.

Authorized Signature: _____ Date: _____

For office use only:

Employee ID #: _____

Bank Code #: _____ 2nd Bank Code _____

Bank Acct Amt: _____ 2nd Bank Amt _____

Entered: _____