



Direct Deposit Authorization Agreement

Payroll Use Only:

Bank Code: _____

Entered By: _____

Date: _____

NAME _____ Employee/Payroll ID # _____

I hereby authorize the New Caney Independent School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account listed below.

Initial Enrollment **Change of Bank/Account** **Add an Additional Direct Deposit**

BANK NAME _____

ROUTING NUMBER _____ **Checking account** **Savings account**

ACCOUNT NUMBER _____

AMOUNT TO BE DEPOSITED: **Net Pay** **Specific Amount** \$ _____

I understand this authority is to remain in full force and effect until New Caney ISD has received written notification from me of its termination in such time and in such manner as to afford New Caney ISD and the Depository a reasonable opportunity to act on it. The direct deposit is due at my bank based on New Caney ISD's pay dates and I am responsible for any and all bank service fees that result from payments out of my account before the direct deposit is posted. Additionally, I am aware that it is my responsibility to notify the payroll office regarding any account changes. A check will not be reissued until the monies are credited to the district's bank account which may take up to five banking days.

I hereby request that New Caney ISD cancel my current Direct Deposit. I will provide new account information or complete paperwork for a pay card within 10 days.

SIGNED _____ DATE _____

- A paper check will be issued the first pay day following the receipt of a Direct Deposit Authorization or a change to the Bank or Account; monies will be deposited the 2nd payday after entry.
- Adding an additional direct deposit will become effective the second pay day after entered.
- A Cancel to Direct Deposit must be received by the payroll office 4 business days prior to pay day to stop that deposit.

**ATTACH VOIDED CHECK
OR
FINANCIAL INSTITUTION CERTIFICATION HERE**