$\frac{\textbf{Pasadena Independent School District Authorization Agreement for}}{\textbf{Direct Deposits}}$

I hereby authorize Pasadena ISD to initiate credit entries (deposits) and if necessary, debit entries for any errors to my account.

Name (please print)		
(Last)	(First)	(Middle Initial
Employee ID:	-	
 Employee Signature	Date	·
YOU MUST PROVIDE A <u>VOIDED CHEC</u> INFORMATION. (NO DIRECT DEPOSIT WIL	_	
You may open up to 5 accounts; your direct	deposit will become effective on t	he next payroll processed.
Changes to pre-existing Direct Deposits will	also become effective on the next	payroll processed.
(Please enter the <u>main account</u> in the space pr	ovided below).	
Name of Financial Institution:		
Bank Transit/ABA number		
Account number		
Checking or Savings (circle one) \$	or %	
(Spaces below are provided for additional direct	t deposits).	
Name of Financial Institution:		
Bank Transit/ABA number		
Account number		
Checking or Savings (circle one) \$	or %	
N		
Name of Financial Institution:		
Bank Transit/ABA number		
Account number		
Checking or Savings (circle one) \$	or %	
Name of Financial Institution:		
Bank Transit/ABA number		
Account number		
Checking or Savings (circle one) \$	or %	
Name of Financial Institution:		
Bank Transit/ABA number		
Account number		
Chacking or Savings (circle one) \$	or 0/-	