



# Independent School District

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## Electronic Funds Transfer Authorization

*Please complete and return this form to the Payroll Office on or before the 15<sup>th</sup> of the month to have it activated with the current month's payroll.*

I hereby authorize Royal Independent School District to directly deposit my net pay in the bank account(s) listed below in the percentages specified. (If two accounts are designated, deposits are to be made in whole percentages of pay to total 100 %.) I have attached a voided check (for a checking account) and/or a voided deposit slip (if it's a savings account) for each account specified below. This authorization is to remain in force until the District has received written authorization from me of its termination or change.

Also, I grant Royal Independent School District the right to correct any Electronic Funds Transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Social Security: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach voided check(s) IF a checking account OR voided savings deposit slip(s) IF a savings account.

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Payroll Use Only Effective Date: \_\_\_\_\_