

Spring Branch Independent School District

Authorization Agreement for Automatic Deposits

I hereby authorize Spring Branch Independent School District to initiate credit entries (deposits) to the account indicated below and the depository named below to credit the same to such account.

Name (Please Print) _____
Last First MI

Employee/MUNIS ID Number:

--	--	--	--	--

Type of Account (Check One): Checking Savings

Name of Bank _____

Branch _____ City & State _____ Zip _____

Bank Transit/Routing #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

This routing number appears between symbols on a check. DO NOT use the routing number on a deposit slip.

Account #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

This Agreement may be terminated upon 30 days prior written notification from me to Spring Branch Independent School District.

New Employees: Payroll Direct Deposit may take several weeks to initiate. You will receive a paper check until account setup is complete and activated.

Signature _____
Date

REQUIRED: Attach (no staples) a voided check below for the above named account. Deposit slips will not be accepted.