

Authorization Agreement for Direct Deposit

I hereby authorize Texas City I.S.D. to initiate Direct Deposit and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated below.

Employee Information | Please Print

Name (Last, First, MI): _____

Social Security Number (Last 4 Digits Only): _____

Phone Number: _____

Email Address: _____

Primary Account | This is where your entire paycheck or the balance is deposited after the % or \$ amount is deducted from the second and third accounts listed below.

Select One: Account Type: (Select one):

ABA Transit Routing Number: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Start

(Select one):

Checking

Account Number: _____

Name of Financial Institution: _____

Date: _____

Savings

Financial Institution City, State: _____

NET PAY

Second Account | Optional

Select One: Account Type: (Select one):

ABA Transit Routing Number: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Start

(Select one):

Change

Checking

Account Number: _____

Name of Financial Institution: _____

Savings

Financial Institution City, State: _____

% OR \$ OF NET DISTRIBUTION

\$ _____

OR

% _____

Third Account | Optional

Select One: Account Type: (Select one):

ABA Transit Routing Number: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Start

(Select one):

Change

Checking

Account Number: _____

Name of Financial Institution: _____

Savings

Financial Institution City, State: _____

% OR \$ OF NET DISTRIBUTION

\$ _____

OR

% _____

The employee will be responsible for the accuracy of their account number and bank routing number. The Payroll Department will not verify this with your bank. *Please contact your financial institution to confirm these numbers before completing this form.* We will not process incomplete forms; they will be returned to you. The employee understands that if they bank with a Credit Union, they may not receive their Direct Deposit on Pay Day. The employee should check with their Credit Union regarding how quickly they process Direct Deposits.

Employee Signature: _____

Date: _____

(mm/dd/yyyy)

** Attach voided check **

Office Received: _____