

TOMBALL ISD – Authorization for Direct Deposit

_____ **NEW ACCOUNT INFORMATION**

_____ **CHANGE EXISTING ACCT INFORMATION**

I hereby authorize Tomball ISD, hereinafter called ORIGINATOR, to initiate credit Entries to my Checking Account _____ or Savings Account _____ (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account, and, if necessary, debit entries and adjustments for any credit Entries in error to my account indicated below, and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

NAME (Please Print) LAST _____ FIRST _____ MI _____

EMPLOYEE NO.

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BANK CODE _____
(Office use only)

TYPE OF ACCOUNT (Check One): _____ C-Checking (22) _____ S-Savings (32)

EMPLOYEE BANK ACCOUNT NO.

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(Appears between || ▪ symbols. Not necessary to use all of the blocks.)

Indicate the amount you wish deposited to this account: _____ full net amount or \$ _____ (flat \$\$ amount).

NAME OF DEPOSITORY _____

This authority is to remain in full force and effect until the ORIGINATOR has received written notification from me of its termination in such manner as to afford ORIGINATOR and DEPOSITORY a reasonable opportunity to act on it.

SIGNATURE _____ DATE _____

NOTE: PLEASE ATTACH A VOIDED PRE-PRINTED CHECK FOR THE ACCOUNT SPECIFIED HERE. (A PRE-PRINTED DEPOSIT SLIP MAY BE USED FOR SAVINGS ACCOUNTS ONLY.)

ATTACH VOID CHECK HERE

1. *Employees need to commit for one year when signing up for this service.*
2. **Please contact the Human Resources Department BEFORE closing or changing your bank account.**
3. Multiple depositories are allowed, therefore, each depository requires its own form.
4. Please contact your bank to verify your correct account number and routing number.
(Most banks will verify this information over the phone. This is especially important for savings accounts.)
5. Return the completed form to the Human Resources Department.