Authorization Agreement Direct Deposit of Payroll Checks

I hereby authorize Waller ISD to initiate credit entries and/or correction entries to my:

BANK 1 Name of	of Bank:														
Checking	Savin] gs			Debit	t Card	Acco	ount							
Bank Routing Number:	:										:				
		Appe	ars be	twee	n : sy	mbol	s on c	heck							
Account Number															
+++++++++++++++++++++++++++++++++++++++	++++++	++++	++++	++++	++++	++++	++++	++++	++++	++++-	++++	-+++	++++-	++++	++++
BANK 2 Must be a saving	s account w	ith eit	ther Br	azos ۱	Valley	Scho	ols Cre	edit U	nion (or First	t Comi	munit	y Crec	dit Uni	ion
Name of Bank:															
Bank Routing Number: :											:				
Account Number:															
Amount \$															
*Direct Deposit takes <u>two</u> pattempt to detect errors ar	payroll cycle	es to e	stablis									•			
* A voided check for any ch	necking acco	ounts	must b	e atta	ached	to thi	s form	١.							
*Any changes to this autho	rization mu	ıst be	made	in wri	ting.										
Name:															
Social Security Number_															
C : .							_								