

Alvin Independent School District

Authorization Agreement for DIRECT DEPOSIT

I hereby authorize Alvin ISD to credit my account with the Financial Institution named below. If Alvin ISD erroneously deposits funds into my account, I authorize Alvin ISD to initiate the necessary Debit Entries, not to exceed the total of the original amount credited for the current pay period.

FINANCIAL INSTITUTION: _____

Bank Credit Union Savings & Loan Other

City _____ State _____ Zip _____

TRANSIT ROUTING NUMBER : _____ (Located between the colons.)

ACCOUNT NUMBER: _____

Checking Account Savings Account

This authorization remains in effect until Alvin ISD has received written notification from me that it is to be terminated in such time and manner for Alvin ISD to act on it.

NAME: _____ Employee #: _____

Address - City: _____ State: _____ Zip: _____ Telephone: _____

SIGNATURE: _____ DATE _____

PLEASE ATTACH A CANCELLED BLANK CHECK IN THE BOX BELOW.

Must attach a voided check or have something from the bank showing your Routing Number and Account Number.