CLEAR CREEK I S D DIRECT DEPOSIT AUTHORIZATION FORM

NAME:		EMPLOYEE ID:
SELECT ONE	:Begin Direct Deposit	All information must be correct and complete. Please contact your financial institution (s) to verify all information, particularly the ACH Transit Routing Number, which is not always the transit number on your check.
	Change Bank/Account Number	
	Add/Delete Secondary Account	
	Cancel Direct Deposit	
PRIMARY AC	COUNT INFORMATION:	
Name of Financial Institution		Account Number
		or
	ransit Routing Number (9 digits)	Checking Savings
Please com	plete the following box if you want pay o	leposited into more than one account:
OPTIONAL S	econdary Account Information:	Designate amount of pay to be deposited into this second bank account each pay period:
Nan	lame of Financial Institution	\$
ACH Transit Routing Number (digits)		Note: The balance of the Net Pay will be deposited into your Primary Account or
	Account Number	Checking Savings
If you closed your ato you.		
	,	
***** For CHECKING ACCOUNT, ATTACH VOIDED CHECK *****		
***** For SAVINGS ACCOUNT, ATTACH SOMETHING SHOWING ACH# AND ACCOUNT NUMBER *****		
I authorize Cle	ar Creek I S D to initiate credit entries, or debit corre	ections to my account(s) as listed above. This authorization
will remain in e	effect until Clear Creek ISD Payroll Office has receive	ed written notice of termination from me.

DATE:

SIGNATURE: