

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

EMPLOYEE NAME: _____

STAFF ID: _____@Jgh('GGB.' _____

EMPLOYEE TYPE: Monthly Biweekly

FILE TYPE: Payroll Accounts Payable Vendor

FOR PAYROLL USE ONLY	
START DIRECT DEPOSIT DATE	
<input type="text"/>	
BANK CODE 1	BANK CODE 2
<input type="text"/>	<input type="text"/>
DATE RECEIVED:	
<input type="text"/>	

PRIMARY ACCOUNT

BANK NAME _____

ROUTING NO: _____

ACCOUNT NO: _____

ACCOUNT TYPE:
 Checking Savings

SECONDARY ACCOUNT

BANK NAME _____

ROUTING NO: _____

ACCOUNT NO: _____

ACCOUNT TYPE:
 Checking Savings

AMOUNT: _____

For the purpose of direct deposit only, I hereby authorize Edinburg Consolidated Independent School District and the depository (bank) named above to initiate direct deposit (credit) entries and correction (debit) entries to the depository account listed above. This authorization is to remain in effect until the district has received written notification from me of its termination in such time and in such manner as to afford the District and the bank a reasonable opportunity to act on the termination notice.

I agree to indemnify the District from any claims incident to the direct deposit of my payroll check including, without limitation, any claim based on alleged loss as a result of non-posting of any credit, and any claim which may be made by any person as a result of the rejection of my checks because of insufficient funds arising from the failure of my financial institution to post the credit on my account.

EMPLOYEE SIGNATURE: _____

DATE: _____

This form must be received by the Payroll Office by the first day of the month, with a copy of your voided personalized check or deposit slip. A pre-notification will be sent to your bank. If no change is received from your bank, your direct deposit will be activated.

**PLEASE NOTE:
A PERSONALIZED VOIDED CHECK OR DEPOSIT SLIP IS REQUIRED**