

Center Independent School District

Direct Deposit Authorization Form

****As of May 7, 2009, all Center ISD employees are required to have Direct Deposit.****

Name: _____ Employee ID: _____

Campus/Dept: _____ Job Title: _____

Request Type:

Begin Direct Deposit Change Bank / Account Number Add / Delete Secondary Account

Primary Account Information:

Name of Financial Institution _____

Routing Number (9 digits): _____

Account Number: _____

Type of Account: Checking Savings

Optional Secondary Account Information:

Name of Financial Institution _____

Routing Number (9 digits): _____

Account Number: _____

Type of Account: Checking Savings

Amount to be deposited into this account each pay period: \$ _____

Note: The balance of Net Pay will be deposited into your Primary Account.

**** For CHECKING ACCOUNTS attach VOIDED CHECK ****

**** For SAVINGS ACCOUNTS attach COPY OF BANK CARD or BANK STATEMENT
verifying ACH # and Account # ****

or

**** Attach your bank's completed Direct Deposit Form ****

I hereby authorize Center ISD to initiate debit entries and to initiate, if necessary, credit entries and adjustment for any debit entries to the account(s) and depository named above, hereinafter called DEPOSITORY, to debit and/or credit the same to such account. This authorization is to remain in full force until Center ISD receives written notification from me of its termination in such a time and manner as to afford a reasonable opportunity to act on it.

Print Name: _____

Signature: _____

Date: _____

This form must be submitted in person with a valid ID to the payroll department for security purposes.