

# AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

## IRAAN-SHEFFIELD INDEPENDENT SCHOOL DISTRICT

I hereby authorize Iraan-Sheffield ISD to initiate deposit entries to the account indicated below and authorize the depository named below to credit my account.

Name \_\_\_\_\_  
Last First MI

Employee ID #: \_\_\_\_\_ Type of Account  Checking  Savings

Name of Your Bank \_\_\_\_\_

City and State \_\_\_\_\_ Phone \_\_\_\_\_

Bank Transit/ABA No: \_\_\_\_\_ Account Number: \_\_\_\_\_

Amount to be deposited  Entire Check  Set Amount \_\_\_\_\_

ATTACH A PRE-PRINTED VOIDED CHECK FOR THE ABOVE NAMED ACCOUNT

DIRECT DEPOSIT consists of a file coded with employees' account numbers and the amounts to be deposited which is furnished to the appropriate banks. This allows the district to deposit paychecks directly into employees' accounts. There is a pre-notification run to verify the information provided before any money is transferred.

The employees should check their accounts before writing any checks, especially new participants until they are sure all is correct with their bank. The employee agrees to provide written notification to the payroll office of a decision to terminate the direct deposit agreement at least thirty (30) days prior to the effective date of the termination.

FUTURE CHANGE of bank or account number requires written notification to the payroll office at least sixty (60) days prior to the change. This could interrupt direct deposit and cause at least one regular payroll check to be issued prior to the change becoming effective.

I have read the above and agree with the statements and wish to participate in Direct Deposit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date