

**IRAAN-SHEFFIELD INDEPENDENT SCHOOL DISTRICT
DIRECT DEPOSIT AUTHORIZATION FORM**

Net pay amounts will be direct deposited to the financial institution(s) and account(s) as requested below. On payday, a wage and earning statement will be provided to each employee detailing the gross pay amounts, deductions, and the institution(s) and accounts to which the net pay was deposited. The first deposit will occur on the next payday after receipt of this authorization form.

Name: _____

Emp ID: _____

	1 st Account	2 nd Account	3 rd Account
Bank Name:			
Bank City:			
Bank Phone:			
Acct Type:	Checking Savings	Checking Savings	Checking Savings
Transit #:			
Acct #:			
Deposit Amt:	Entire Check Set Amount _____	Set Amount _____	Set Amount _____

***** A VOIDED CHECK, SAVINGS STATEMENT WITH BANK ADDRESS AND SAVINGS ACCOUNT NUMBER, OR OFFICIAL BANK LETTER INCLUDING TRANSIT AND ACCOUNT NUMBERS MUST ACCOMPANY THIS FORM FOR EACH ACCOUNT LISTED. *****

I understand my Iraan-Sheffield ISD net pay will be deposited to my designated account(s) so the funds are available to me on the payroll date. In the event funds to which I am not entitled are deposited to my account(s), I hereby authorize the Iraan-Sheffield ISD to direct the bank to return said funds.

Future change of bank or account number requires written notification to the payroll office. Iraan-Sheffield ISD may terminate this service at any time.

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

Employee Signature

Date