

# Eanes Independent School District

## Authorization Agreement for Direct Deposit (ACH Credit)

I authorize Eanes Independent School District to initiate credit entries and, if errors occur, I authorize correcting entries to the checking and/or savings account(s) indicated below. This must be Received in the Payroll Office 10 days before the pay date.

**Please submit this form to the Payroll Office with a voided check, deposit slip or a form from your bank for each account within this authorization. (This will be used to verify transit routing number and account number information)**

Primary Depository:  Checking  Savings

Financial Institution:

Name/Location Transit Routing Number Account Number  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Additional Depository:  Checking  Savings

Financial Institution:

Name/Location Transit Routing Number Account Number Amount  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\$

Additional Depository:  Checking  Savings

Financial Institution:

Name/Location Transit Routing Number Account Number Amount  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\$

**This authority is to remain in full force until I terminate this authorization in writing.**

Print Name: \_\_\_\_\_ Employee ID : \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_