

# Spring Branch Independent School District

## Authorization Agreement for Pre-paid Card Automatic Deposits

First Name		Last Name	
Employee ID #	Social Security #	Date of Birth-mm/dd/yyyy	Primary Phone
Street Address (No P.O. Boxes Allowed)			Apt #
City	State	Zip Code	

\*\*Two valid forms of ID are required.

I hereby authorize Spring Branch Independent School District to initiate credit entries (deposits) to the district selected Pre-paid card. I agree to follow the terms of the Pre-paid card agreement. I am requesting that my pay be direct deposited to my pre-paid card account and that SBISD may deduct any wage overpayments under this agreement from one or more of my paychecks.

Signature	Date
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**For Payroll Use:**

NetSpend Account #: \_\_\_\_\_ (10 digits)

ID #1 \_\_\_\_\_

ID #2 \_\_\_\_\_

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

Effective Payroll: \_\_\_\_\_

Payroll Employee: \_\_\_\_\_