



PAYROLL DEPARTMENT

1900 Price Road, Suite #301 Phone: (956) 548-8391

DIRECT DEPOSIT (ACH) AUTHORIZATION

TO SIGN FOR DIRECT DEPOSIT: Complete Section 1 & 2

SECTION 1: EMPLOYEE INFORMATION (TO BE COMPLETED BY EMPLOYEE)

NAME OF EMPLOYEE (Full Name)	EMPLOYEE ID #
CAMPUS/DEPARTMENT	TELEPHONE NUMBERS
	HOME: CELL:

CERTIFIED MONTHLY HOURLY BI-WEEKLY

() NEW EMPLOYEE ONLY – HIRE DATE: _____

() CHANGE – REPLACES ANY PREVIOUS AUTHORIZATION AGREEMENT

SECTION 2: FINANCIAL INSTITUTION INFORMATION

NOTE: Domestic bank(s) will only be accepted. Please provide a personalized check marked "VOID" or checking/saving account card. Failure to provide the required documents can jeopardize timely deposit of your payroll funds.

Name of Bank	Transit Routing Number	Account Number	Check One	% or Amount
		(Primary Account) (2516)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Net Amount
		(Secondary Account) (2517)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
		(Tertiary Account) (2518)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
		(Quaternary Account) (2519)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
		(Quinary Account) (2520)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
		(Senary Account) (2511)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
		(Septenary Account) (2512)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
		(Octonary Account) (2513)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
		(Nonary Account) (2514)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
		(Denary Account) (2515)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

"This form must be submitted 10 days before payday. If funds are rejected for an invalid or closed account, funds will not be processed to the new account until a corrected deposit form is submitted and funds are refunded to BISD."

Estimated refund will be 10 working days after payday.

FUNDS ARE AVAILABLE ON PAYDAY, NOT BEFORE!

I certify that I have read, understood and hereby authorize my payment(s) to be electronically deposited with the financial institution(s) named above, in the designated account(s). This authorization will remain in effect until the Payroll Department has received the written notification from me. If the district erroneously deposits funds into my account, I authorize the district to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current pay period.

Employee Signature:	Date:
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