



AUTHORIZATION FOR AUTOMATIC PAYMENT

I authorize Rockdale Independent School District and the financial institution named below to initiate entries into my checking/savings account(s). This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three (3) days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to fifteen (15) days following issuance of my financial statement or sixty (60) days after posting, whichever occurs first.

Name of financial institution

Address of financial institution – street City State Zip

Employee Printed Name Employee Signature Date

Financial Institution Routing Number _____

You may have your check deposited in one account or split between two. Please enter the account number and amount to deposit in each account. Enter "net" for the entire check to go into ONE account.

Checking Account Number _____ Amount to deposit \$ _____

Savings Account Number _____ Amount to deposit \$ _____

PLEASE FULLY COMPLETE THIS DOCUMENT; PROVIDE **A VOIDED CHECK** AND RETURN (with the Voided Check attached) TO THE PAYROLL OFFICE FOR PROCESSING.