

Krum ISD

Direct Deposit to Checking and/or Savings Account

I hereby authorize Krum Independent School District, to initiate credit entries to my checking account at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S.Law.

Financial Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	Amount to be deposited: _____
Routing Number: _____		Account Number: _____

AND

Financial Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	Amount to be deposited: _____
Routing Number: _____		Account Number: _____

AND

Financial Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	Amount to be deposited: _____
Routing Number: _____		Account Number: _____

This Authorization is to remain in full force and effect until Krum Independent School District Payroll Office has received written notification from me of its termination or any changes. Any changes to the above information must be received in the Krum Independent School District Payroll Office no later than the third working day of the month in which the change is to take effect.

Employee Name: _____

(Please print legibly)

Signature: _____

Date: _____