

ACTION REQUESTED
Initial Set-Up
Change
Cancel

**SPLENDORA ISD
PAYROLL DEPARTMENT**



**DIRECT DEPOSIT
AUTHORIZATION FORM**

EMPLOYEE IDENTIFICATION

Name:	Social Security Number:	-	-
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FINANCIAL IDENTIFICATION: To be completed by employee or financial institution representative

Name of Bank/Credit Union:
Routing Number:
Account Number:
Indicate account type below: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Indicate below the Amount to Deposit into this Account Per Check: <input type="checkbox"/> Net Check Amount <input type="checkbox"/> Partial: \$

Effective date _____

*** **email** for payroll statement: _____ ***

EMPLOYEE AUTHORIZATION – Please read

<p>I authorize Splendoria ISD to deposit by electronic transfer amounts to the financial institution and account indicated above. I acknowledge responsibility for providing complete and accurate information on this authorization form and understand that Splendoria ISD may contact my financial institution to confirm accuracy of information. This authorization is to remain in effect until I provide written notice of cancellation. Splendoria ISD reserves the right to reverse an incorrect posting; however I fully understand that Splendoria ISD must notify me on or before the reversal and explain the reason for the reversal. I further understand that if changes occur in my account, i.e., switching deposit from checking to savings, closing account, changing banks, etc. it is my responsibility to contact Splendoria ISD immediately.</p> <p>Signature: _____ Date: _____</p>

*******ATTENTION: ATTACH A VOIDED CHECK FOR QUICKER PROCESSING.*******

Privacy Notice: State Law requires that you be informed of the following: (1) You are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

Date Received:
Date Entered: