

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize Santa Fe I.S.D. to initiate Direct Deposit to the account indicated below:

(Please Print)

Legal Name: Last _____ First _____ MI _____

Social Security Number: ____ -- ____ -- ____ Phone # _____

PRIMARY ACCOUNT -

Type of Account (Check One): Checking Savings

Account Number: _____

Name of Bank: _____

Bank Transit Number (Routing Number)/ABA Number: _____

SECONDARY ACCOUNT (SAV1) - Secondary

AMOUNT to Split to

\$ _____ Per Pay Period

Type of Account (Check One): Checking Savings

Account Number: _____

Name of Bank: _____

Bank Transit Number (Routing Number)/ABA Number: _____

Please read the following before signing:

The employee will be responsible for the accuracy of their account numbers and bank routing numbers. The Payroll Department will not verify this with your bank. Please contact your financial institution to confirm these numbers before completing this form. We will not process incomplete forms; they will be returned to you. It takes approximately 30 days to activate your Direct Deposit. Direct deposit is mandatory for all employees.

*****Optional: Attach a voided check or letter from the bank including employee's name, account number and routing number.**

Signature: _____ Date: _____

Cancel direct deposit _____