



GODLEY INDEPENDENT SCHOOL DISTRICT DIRECT DEPOSIT ENROLLMENT FORM

Authorization Agreement for Direct Deposit

Attach a voided check or a slip from your bank for each checking account and attach a deposit slip for each account designated below, and return to payroll.

New Account Account Change

Employee Name: _____ Date: _____

PRIMARY ACCOUNT

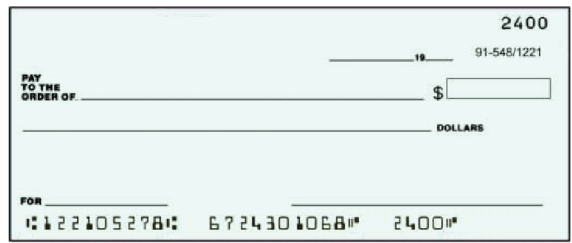
Checking Savings

Name of Bank: _____

Routing Number: _____

Account Number: _____

Amount: Entire Paycheck or * \$ _____



* If you checked this box, you must complete the next section.

OPTIONAL SPLIT PAYROLL DEPOSIT(S)

Checking Savings

Name of Bank: _____

Routing Number: _____

Account Number: _____

Amount: Residual or \$ _____

Checking Savings

Name of Bank: _____

Routing Number: _____

Account Number: _____

Amount: Residual or \$ _____

I hereby authorize Godley ISD to deposit any amount owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated above. Further, I authorize Bank to accept and to make any credit entries indicated by Godley ISD to my accounts. In the event that Godley ISD deposits fund erroneously into my account I authorize Godley ISD to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Godley ISD and Bank received written notice from me of termination in such time and in such manner as to afford Godley ISD and Bank reasonable opportunity to act on it.

Signature _____