

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

LA PORTE INDEPENDENT SCHOOL DISTRICT

I hereby authorize La Porte Independent School District to initiate deposit entries to the account indicated below and authorize the depository named below to credit my account.

Name (Please Print) _____
Last First MI

Employee Number _____

Type of Account Checking Savings

Name of Your Bank _____ Phone # _____

City and State _____

Bank Transit/ABA No.: _____

Account Number _____

ATTACH A PRE-PRINTED VOIDED CHECK FOR THE ABOVE NAMED ACCOUNT

DIRECT DEPOSIT consists of an electronic file coded with employees' account numbers and the amounts to be deposited which is furnished to the appropriate banks. This allows the district to deposit paychecks directly into employees' accounts.

Employees should check their accounts before writing any checks, especially new participants until they are sure all is correct with their bank. The employee agrees to provide prompt written notification to the payroll office of a decision to terminate the direct deposit agreement.

FUTURE CHANGE of bank or account number requires written notification to the payroll office.

Upon severance of employment, the District and the employee agree to settle up on any differences in pay, whether owed to the employee or the District.

I have read the above and agree with the statements and wish to participate in Direct Deposit.

Employee Signature

Date