

PAY CHECK
ELECTRONIC FUND TRANSFER
AUTHORIZATION

TO: Kennedale I.S.D.
Employer

I authorize my employer named above to deposit my net paycheck to my bank as listed below:

BANK NAME

BANK ADDRESS

BANK CITY, STATE, ZIP

BANK TELEPHONE NO.

EMPLOYEE NAME

EMPLOYEE NUMBER

Checking _____

Account No. _____

OR

Savings _____

Account No. _____

BANK ROUTING NUMBER

CAMPUS

I understand that my employer will need sufficient time prior to payday in order to establish this electronic fund transfer. I will be notified when my paycheck is being direct deposited for the first time.

EMPLOYEE SIGNATURE

DATE

PLEASE TAPE ON THIS FORM BELOW A VOIDED CHECK OR DEPOSIT SLIP:

NAME ADDRESS CITY, STATE ZIP		0123 01-23456789
DATE _____		
PAY TO THE ORDER OF _____		\$
BANK NAME ADDRESS CITY, STATE ZIP		DOLLARS
FOR _____		
⑆0⑆2345678⑆	0⑆234567890⑆23⑆	0⑆23
Bank Routing Number	Bank Account Number	Check Number

Human Resources Use Only

Bank Code _____

Effective Date _____

Cancellation/Term Date _____