



**Fabens Independent School District  
Payroll**

**DIRECT DEPOSIT AUTHORIZATION**

<b>Name(s) – As it appears on account</b>		<b>Employee ID #:</b>
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

**PRIMARY ACCOUNT:**                       Checking                       Savings

**Bank Name:** \_\_\_\_\_

**Account #:** \_\_\_\_\_                      **Routing #:** \_\_\_\_\_

**Full Check**                       **Specific Amount:** \_\_\_\_\_

**SECONDARY ACCOUNT:**                       Checking                       Savings

**Bank Name:** \_\_\_\_\_

**Account #:** \_\_\_\_\_                      **Routing #:** \_\_\_\_\_

**Full Check**                       **Specific Amount:** \_\_\_\_\_

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**CANCEL ACCOUNT:**                       Checking                       Savings

**Bank Name:** \_\_\_\_\_

**Account #:** \_\_\_\_\_                      **Routing #:** \_\_\_\_\_

**Full Check**                       **Specific Amount:** \_\_\_\_\_

I authorize Fabens Independent School District to credit my account(s) to the bank(s) named above. If Fabens ISD erroneously deposits funds into my account. I authorize the necessary debit entries, not to exceed the total of the original amount credited for the current pay period. This authorization will remain in effect until I submit written notification that it is to be terminated.

Substitute staff: I have been informed that if for any reason there is an error on my check (under and/or overpayment), the correction will be made on the following payroll run.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

*Checking Acct: Attach Voided Check or Direct Deposit Letter*

*Savings Acct: Copy of savings acct. card*