



SANTA MARIA INDEPENDENT SCHOOL DISTRICT
P. O. BOX 448
SANTA MARIA, TEXAS 78592
PH: (956) 565-5348 FAX: (956) 5565-2698

Authorization Agreement for Direct Deposit

Please Print:

Name:	Last	First	Middle	Employee ID#

NOTE: Please provide bank DD form or a "Voided" personal check. (This will be used to verify bank transit routing number and bank account information.)

Start **Change** **Stop** **Effective Date:** _____

I authorize Santa Maria ISD to initiate credit entries and if errors occur, I authorize correcting entries to my account (s) indicated below. This Direct Deposit start and/or stop request will take effect on Effective Date as indicated above.

Financial Institution Name/Location	Transfer Routing Number	Account Number	Checking Or Savings

If designating only one account fill in 100% in amount column. If more than one account, please designate an amount in secondary and tertiary accounts and leave the primary account blank.

*****PLEASE NOTE*****

Employee must notify the Payroll Department before closing any account(s) indicated above two weeks in advance. Any ACH rejections by the employee's bank will require a check to be reissued.

This authorization remains in effect until I notify the school district in writing to terminate.

Signature:	Date:

