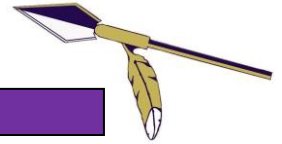


# Alvarado ISD



## DIRECT DEPOSIT AUTHORIZATION FORM

I authorize my employer, Alvarado ISD, to deposit my net paychecks to my bank account listed below:

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

Checking \_\_\_\_\_ or Savings \_\_\_\_\_

\*\*\*\*\*

### Additional Deposit Information (Optional)

Dollar amount to be deposited into an additional account: \$ \_\_\_\_\_

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

Checking \_\_\_\_\_ or Savings \_\_\_\_\_

\*\*\*\*\*

Direct Deposit change requests must be submitted by the 1<sup>st</sup> for that months' pay period. \_\_\_\_\_  
Emp. Initial

I understand that I must contact our Payroll department prior to changing and/or closing my bank account. Failure to do so could result in a delay of funds to my account. \_\_\_\_\_  
Emp. Initial

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Email Address