

College Station Independent School District Direct Deposit

Authorization for Automatic Payroll Deposit

I, _____, authorize College Station Independent School District and the financial institution indicated below to deposit my net pay or a specified dollar amount to my account each pay day. *If moneys to which I am not entitled are deposited to my account, I authorize the school district to direct the financial institution to return said funds.* I further recognize that it is my responsibility to verify that funds have been deposited to my account each payday and to notify the payroll office immediately if any problem arises. This authority will remain in effect until I have cancelled it in writing.

Financial Institution

City

State

ACH Routing Number

Account # Checking [] \$_____

(See Note*) Savings [] \$_____

Signature

Social Security Number

Date

Campus/Location

Note: Please attach a voided check to this paper.

For your protection, there will be an automatic pre-note to verify routing and account numbers electronically before your first direct deposit is processed. Please check the box below if you want to waive the pre-note process.

- Yes, Waive pre-note.**