SANTA ROSA INDEPENDENT SCHOOL DISTRICT
232 JESUS T. AVILA
SANTA ROSA, TEXAS 78593
Phone (956) 636-9827
Fax (956)636-9811 or (956) 636-9893

**AUTHORIZATION FOR DIRECT DEPOSIST FORM**

I, _____, hereby authorize SANTA ROSA ISD herin called "COMPANY" **(PRINT FULL NAME) & EMPLOYEE ID# _____ (on your check stub)_____**
to initiate credit entries to my accounts indicated below and the depository financial institution named below, to credit the same to such account. (**Please submit <u>voided check</u> or <u>authorization form</u> from the bank) (<u>Deposit Slips</u> are <u>not valid)**

**1ST**

( __) CHECKING ACCOUNT (___) SAVINGS ACCOUNT

FINANCIAL INSTITUTION NAME: _____

ADDRESS:_____

CITY:_____STATE:_____ZIP:_____

ROUTING:_____

ACCOUNT NUMBER:_____

AMOUNT:_____

**2nd**

( __) CHECKING ACCOUNT (___) SAVINGS ACCOUNT

FINANCIAL INSTITUTION NAME: _____
ADDRESS:_____

CITY:_____STATE:_____ZIP:_____

ROUTING:_____

ACCOUNT NUMBER:_____

AMOUNT:_____

THIS AUTHORITY IS TO REMAIN IN FULL FORCE UNTIL COMPANY HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD COMPANY A READONABLE OPPORTUNITY TO ACT ON IT.

Signed _____ Dated_____

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**OFFICE USE ONLY: PAYROLL BANK ID # _____**