



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

DEPOSIT SLIPS WILL NOT BE ACCEPTED

A voided check or a letter from the bank MUST be attached.

EMPLOYEE INFORMATION

Employee Name: _____ Campus/Dept.: _____

Employee ID#: _____

PRIMARY DIRECT DEPOSIT

Primary Bank Name: _____

Account Type: Checking: Savings:

City: _____

State: _____ Zip Code: _____

Routing #: _____

Account #: _____

ADDITIONAL DIRECT DEPOSIT

Bank Name: _____

Account Type: Checking: Savings:

City: _____

State: _____ Zip Code: _____

Routing #: _____

Account #: _____

Deposit per Check: \$ _____

STOP DIRECT DEPOSIT

Please Stop My Direct Deposit to:

Name of Bank: _____

Account #: _____

Effective Date: _____

AUTHORIZATION

I hereby authorize the Waco Independent School District's Payroll Department to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking account indicated above and to allow the Bank named above to credit and/or debit the same to such account.

The District has the right to issue a hard copy check in place of direct deposit. The Payroll Department will attempt to notify me if this is to occur.

EMPLOYEE SIGNATURE: _____

DATE: _____