



**** A VOIDED CHECK or BANK FORM MUST BE ATTACHED TO THIS AUTHORIZATION****

I hereby authorize Cleburne Independent School District, herein after called Company, to initiate credit entries and/or correction entries to my _____Checking_____Savings account (select one) indicated below at the depository named below, herein after called DEPOSITORY, to credit the same to such account.

This authorization is to remain in full force until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY reasonable opportunity to act upon it.

Upon adding/changing a new bank account, I understand that I will receive a papercheck for my next payroll check. Subsequent paychecks will be deposited by direct deposit.

PRINTED NAME

SIGNATURE

DATE

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HR ONLY: Completed By _____ Date _____