



SUBSTITUTE

AUTHORIZATION/AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL

NAME: _____ LAST 4 of SS#: _____

I hereby authorize ROISD to initiate electronic credit entries, and to initiate, if necessary, debit entries and adjustments for any credit entry in error to my account listed below and the financial institution named below. This authority is to remain in full force and effect until my employer has received written notification from me of its termination. I further understand that I am employed as a substitute on an as needed basis with no guaranteed monthly hours/wages.

Name of Bank: _____

Account Type:

Routing Number: _____

Checking

Account Number: _____

Savings

Signature: _____

Date: _____

Please attach a voided check or a copy of a voided check here.

Please return completed form **in person** to the Payroll Department. If you have any questions please contact the Payroll Department at (972) 617-2941 or you can email them: payroll@redoakisd.org.