



Red Oak Independent School District

AUTHORIZATION AGREEMENT FOR ELECTRONIC DIRECT DEPOSIT

(This authorization SUPERCEDES any & all previous authorizations)



Employee Name (**Print**): _____

I hereby authorize Red Oak Independent School District (ROISD) to initiate electronic credit entries and to initiate, if necessary, debit entries and adjustments for any incorrect credit entries to the accounts listed below.

PRIMARY ACCOUNT

Bank Name	Account Type	Routing Number	Account Number	Amount
	Checking			NET (NET = Gross Pay minus Deductions)
	Savings			

ADDITIONAL ACCOUNT(S)

Bank Name	Account Type	Routing Number	Account Number	Amount - Per Payroll
	Checking			
	Savings			
	Checking			
	Savings			
	Checking			
	Savings			

I understand I must submit a new Direct Deposit Authorization to payroll immediately upon any changes to or closures of my designated direct deposit account(s). I further understand a change in my account(s) could result in a delay in receiving my pay if ROISD is not given proper notification or if the proper documentation stated below is not attached.

By my signature below, I agree to hold harmless the Red Oak School District for any loss, liability or expense incurred in connection with this authorization / agreement.

Employee Signature: _____ **Last 4 of SSN:** _____ **Date:** _____

A VOIDED CHECK, SCREENSHOT from ONLINE ACCOUNT, or BANK AUTHORIZATION FORM THAT INCLUDES ROUTING & ACCOUNT NUMBER MUST BE INCLUDED.

Please return the 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.