



**AUTHORIZATION AGREEMENT
FOR ACH DIRECT DEPOSIT
– EMPLOYEE VENDOR PAYMENTS –**

EMPLOYEE INFORMATION	Employee Name	_____		
	Employee #	_____		
	Campus/Dept	_____	Title	_____
	Mailing Address	_____		
	City	_____	State	_____ ZipCode _____
	Phone #	_____	Fax #	_____
	Email	_____		
BANK INFORMATION	Account Name	_____		
	Bank Name	_____		
	Routing Number	_____		
	Account Number	_____		
	Check One	Checking	☐	Savings ☐
AUTHORIZATION	I hereby authorize San Benito CISD to settle into the designated account above for specified transaction types below. This authorization for direct deposit will remain in effect until written notice of cancellation.			
	Printed Name	_____		
	Title	_____		
	Authorized Signature	_____		
	Date Signed	_____		
	Please indicate transaction date for settlements to begin _____			
RETURN	Please mail signed original form(s) IN PERSON along with ID and supporting documentation to:			
	San Benito CISD Business Office Attn: Accounting Director 240 N. Crockett St. San Benito, TX 78586			
	Please use a seperated ACH Form for each designated bank account.			