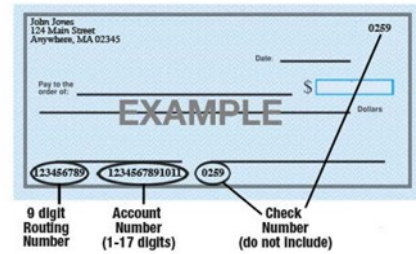




Authorization for Direct Deposit - Employee Form

For the purpose of direct deposit of payroll checks only, I hereby authorize SBCISD and the depository institution(s) named below to initiate direct deposit (credit) entries and correction (debit) entries to the depository account(s) listed.



Account #1 (Primary Account)

Account #1 Type (check one): ☐ Checking ☐ Savings

Employee Bank Name

Bank Routing Number

Account Number

Account #2 (Secondary Account)

Account #2 Type (check one): ☐ Checking ☐ Savings

Employee Bank Name

Bank Routing Number

Account Number

Dollar Amount to be Deposited to this Account

Account #3 (Additional Secondary Account)

Account #3 Type (check one): ☐ Checking ☐ Savings

Employee Bank Name

Bank Routing Number

Account Number

Dollar Amount to be Deposited to this Account

- I certify that I have read, understood and hereby authorize my payment(s) to be electronically deposited with the institution(s) named in the designated account(s). This authorization will remain in effect until SBCISD has received written notification from me that it is to be terminated in such a time and manner for SBCISD to act on it.
- If SBCISD erroneously deposits funds into my account, I authorize SBCISD to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current pay period.
- I agree to indemnify SBCISD from any claims incident to the direct deposit of my payroll check, including, without limitation, any claim based on alleged loss as a result of non-posting, of any credit, and any claim which may be made by any person as a result to the rejection of my pay checks or because of insufficient funds arising from the failure of my financial institution to post the credit to my account.
- If any actions or inaction taken by the payee results in non-acceptance of an ACH deposit by the designated financial institution, payee acknowledges that SBCISD has no responsibility to issue another payment until the funds for the non-accepted deposit are returned to SBCISD by the financial institution.
- SBCISD payroll department will provide you with an electronic Wage Statement each payday that will detail your gross pay, deductions and net pay. Please use Employee Access Center to obtain a copy.
- Employees should check their accounts before writing any checks; especially new participants, until they are sure all is correct with their bank.
- I will attach a Voided Check or Bank Card reflecting routing and account numbers for the accounts listed above.

IMPORTANT: This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do not send this form via email. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Employee Name Printed:

Employee Signature:

Date: