



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

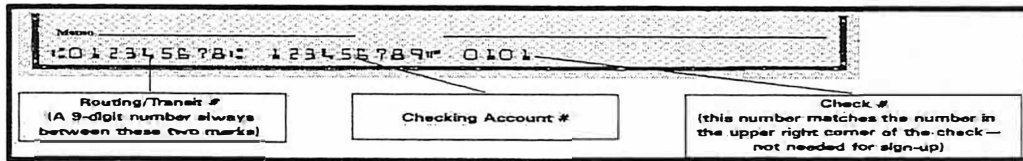
Submit completed form *AND* a voided check *OR* bank letter indicating account and routing number.
(deposit slips or temporary checks are not acceptable) (CashApp, Venmo, PayPal are not acceptable)
ONLY ORIGINAL FORMS WILL BE ACCEPTED - PLEASE DO NOT FAX OR EMAIL FORMS

Employee Name:	Employee #:
Employee Address:	
Employee Phone #:	
EISD or Personal Email:	

ACCOUNT AGREEMENT

I hereby authorize Elgin Independent School District, hereinafter called EISD, to initiate credit entries and if necessary, debit entries and adjustments for any entries made in error to my Checking/Savings account(s) (two maximum bank accounts) and the depository named below (hereinafter called DEPOSITORY), to credit and/or debit the same to such account. **Expense Reimbursements** will default to the Primary Account unless otherwise designated and may only be designated to one account.

Below is a sample check MICR line, detailing the routing number and checking account information:



Primary Account _____	Secondary Account _____ (OPTIONAL)
New: ___ Changing: ___ Cancelling: ___	New: ___ Changing: ___ Cancelling: ___
Name of Financial Institution:	Name of Financial Institution:
Address of Financial Institution:	Address of Financial Institution:
Routing Number	Routing Number
Account Number	Account Number
Type of Account: ___ Checking ___ Savings	Type of Account: ___ Checking ___ Savings
	Amount: _____ (Exact amount is required on a secondary account)

SIGNATURE	
Employee Signature:	Date: