



Canutillo Independent School District Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Canutillo ISD to initiate automatic deposits to my account at the financial institution named below. I also authorize Canutillo ISD to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Canutillo ISD responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Canutillo ISD receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

****Authorization agreement must be submitted at least seven (7) business days prior to the next scheduled pay date.**

New Account Information

Primary Account

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

☐ Checking

☐ Savings

☐ _____ % of Net

☐ \$ _____ Specific Dollar Amount

Effective Pay Date: _____

Secondary Account

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

☐ Checking

☐ Savings

☐ _____ % of Net

☐ \$ _____ Specific Dollar Amount

Effective Pay Date: _____

Complete if Changing Existing Direct Deposit Amounts

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

From: ☐ Checking

☐ Savings

☐ _____ % of Net

☐ \$ _____ Specific Dollar Amount

Effective Pay Date: _____

To: ☐ Checking

☐ Savings

☐ _____ % of Net

☐ \$ _____ Specific Dollar Amount

Effective Pay Date: _____

Direct Deposit Cancellation

I am requesting cancellation of the direct deposit arrangement.

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Effective Pay Date: _____

Signature

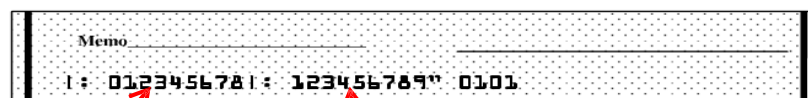
Employee Name (Print Only): _____

Employee ID: _____

Employee Signature: _____

Employee Phone Number: _____

Please attach a voided check or letter from Financial Institution.



Routing #

Checking Account #