

SPLENDORA ISD PAYROLL DEPARTMENT DIRECT DEPOSIT AUTHORIZATION FORM

EMPLOYEE IDENTIFICATION

Name: _____	Social Security Number: - -
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FINANCIAL IDENTIFICATION: To be completed by employee or financial institution representative

<p>ACTION REQUESTED</p> <p><input type="checkbox"/> Initial Set-Up</p> <p><input type="checkbox"/> Change</p> <p><input type="checkbox"/> Cancel</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Name of Bank/Credit Union:</td></tr> <tr><td style="padding: 2px;">Routing Number:</td></tr> <tr><td style="padding: 2px;">Account Number:</td></tr> <tr><td style="padding: 2px;">Indicate account type below:</td></tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Checking</td> <td style="padding: 2px;"><input type="checkbox"/> Savings</td> </tr> </table>	Name of Bank/Credit Union:	Routing Number:	Account Number:	Indicate account type below:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name of Bank/Credit Union:							
Routing Number:							
Account Number:							
Indicate account type below:							
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings						

Effective date _____

email for payroll statement: _____

EMPLOYEE AUTHORIZATION – Please read

<p>I authorize Splendorra ISD to deposit by electronic transfer amounts to the financial institution and account indicated above. I acknowledge responsibility for providing complete and accurate information on this authorization form and understand that Splendorra ISD may contact my financial institution to confirm accuracy of information. This authorization is to remain in effect until I provide written notice of cancellation. Splendorra ISD reserves the right to reverse an incorrect posting; however I fully understand that Splendorra ISD must notify me on or before the reversal and explain the reason for the reversal. I further understand that if changes occur in my account, i.e., switching deposit from checking to savings, closing account, changing banks, etc. it is my responsibility to contact Splendorra ISD immediately.</p> <p>Signature: _____ Date: _____</p>

******* ATTENTION: ATTACH A VOIDED CHECK FOR QUICKER PROCESSING. *******

Privacy Notice: State Law requires that you be informed of the following: (1) You are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

OFFICE USE ONLY

Date Received:
Date Entered:
Entered by: