AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

School: **Substitute**

I hereby authorize Cypress-Fairbanks I.S.D. to initiate credit entries (deposits) to the account specified below and authorize the depository named below to credit the entries to the account specified.

NAME (please print): _____

LAST FIRST MI

SOCIAL SECURITY NO. | | | | | | | | | | |

TYPE OF ACCOUNT (Check one): _____ C-Checking _____ S-Savings

EMPLOYEE BANK ACCOUNT NO. | | | | | | | | | | | | | | | | |

NAME OF DEPOSITORY: _____

BRANCH: _____ CITY & STATE: _____

DEPOSITORY TRANSIT/ABA NO: (Appears between : symbols on checks/ deposit slips)
(ROUTING NUMBER) | | | | | | | | | |

Name of person at depository providing information Title Phone Number

This authority may be terminated upon 30 days prior written notification from me to Cypress-Fairbanks I.S.D.

SIGNATURE: _____ DATE: _____

NOTE: PLEASE ATTACH A **VOIDED** PRE-PRINTED DEPOSIT SLIP OR CHECK FOR THE ACCOUNT SPECIFIED HERE:

INSTRUCTIONS:

1. Please complete the form above by completing the questions that apply to you and attaching a voided check or deposit slip.
2. Please contact your bank to verify your correct account number and routing number. (Most banks will verify this information over the telephone).
3. Return completed form to the Payroll Department.
4. Please contact the Payroll Department **BEFORE** closing or changing your bank account.
5. Contact the Payroll Department should you have any questions - (281) 897-4467.