SUBSTITUTE

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

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

PLEASE PRINT LEGIBLY!

NAME: _____
LAST FIRST MI

SOCIAL SECURITY NUMBER:

			- - - -			- - - -				

EMPLOYEE ID: (Assigned by the Payroll Department)

TYPE OF ACCOUNT: _____ Checking _____ Savings

EMPLOYEE BANK ACCOUNT NUMBER:

Name of Depository (Bank): _____

Phone: _____ (Include Area Code)

Branch: _____ **City and State**: _____

DEPOSITORY TRANSIT/ABA NUMBER: (Routing Number)
Appears between the "colon" (:) symbols on lower left side of check

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

Employee Signature: _____

Date: _____

Please attach a "voided" pre-printed check or deposit slip here for the account specified above.

Contact Payroll before making any changes or closing your bank account!
281-897-4467