

Credit Authorization for Direct Deposit
(to single account)

I (we) hereby authorize Independent School District No. 2890, herein after called The Company, to initiate credit entries for _____ and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called The Financial Institution, to credit and/or debit the same to such account.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type of Account:
Checking _____
Savings _____

This authority is to remain in full force and effect until The Company has received written notification from me (or either of us) of its termination in such time and manner as to afford The Company and The Financial Institution a reasonable opportunity to act on it.

(Print Individual Name) (Signature)

(Print Individual ID Number) (Date)

Please attach a copy of a voided check to this form!



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Credit Authorization for Direct Deposit
(to multiple accounts)

I (we) hereby authorize Independent School District No. 2890, herein after called The Company, to initiate credit entries for _____ and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called The Financial Institution, to credit and/or debit the same to such account.

Primary Account (Deposit Net Pay)

_____		_____
(Financial Institution Name)		(Branch)

(Address)	(City/State)	(Zip)
_____		Type of Account:
(Routing Number)	(Account Number)	Checking _____
		Savings _____

Secondary Account (Deposit \$ _____)

_____		_____
(Financial Institution Name)		(Branch)

(Address)	(City/State)	(Zip)
_____		Type of Account:
(Routing Number)	(Account Number)	Checking _____
		Savings _____

This authority is to remain in full force and effect until The Company has received written notification from me (or either of us) of its termination in such time and manner as to afford The Company and The Financial Institution a reasonable opportunity to act on it.

_____	_____
(Print Individual Name)	(Signature)

(Print Individual ID Number)	(Date)

Please attach a copy of a voided check to this form! (for both accounts).



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