

SCHLEICHER COUNTY INDEPENDENT SCHOOL DISTRICT

Please fill out the following form if you will be participating in direct deposit. If you are depositing your salary into multiple accounts you will need to fill out the additional account information. If you are depositing your salary into one account, only fill out the primary account information. When depositing in multiple accounts the primary account will be the account that the majority of your salary will be deposited in. The additional accounts will be what you will deposit only a portion of your salary in. Please indicate the amount to be deposited in your additional accounts.

Please attach a deposit slip for verification on each account.

Authorization Agreement for Direct Deposit of Salary

I hereby authorize Schleicher County ISD, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking or savings accounts indicated below and the depositories named below, to credit and /or debit the same to such accounts.

PRIMARY ACCOUNT

Bank Name _____ City _____ State _____ Zip _____

Routing Number: _____ Account Number: _____

Check One: Checking Savings

ADDITIONAL ACCOUNT

Bank Name _____ City _____ State _____ Zip _____

Routing Number: _____ Account Number: _____

Check One: Checking Savings Amount \$ _____

This authority is to remain in full force and effect until Schleicher County ISD has received written notification from me of its termination is such time and in such manner as to afford Schleicher County ISD and the depository a reasonable opportunity to act on it.

I the undersigned, hereby authorize Schleicher County ISD to automatically deposit my paycheck to the depository or depositories named above.

Signature _____ Date _____