

Springlake-Earth ISD

Authorization Agreement for Direct Deposits (ACH Credits)

New Agreement

Change Account

Cancel Agreement

I hereby authorize Springlake-Earth ISD to initiate and to make credit entries or reversing entries and to make adjustments for any credit entries in error to my account at the indicated financial institution, and I hereby authorize the indicated financial institution to accept and to post such entries to my account. The foregoing authorization is solely for the purpose of facilitating automatic payroll direct deposit. I understand that it is my responsibility to verify the crediting of funds by my financial institution prior to writing checks against my account.

Select One:

Checking Account

Savings Account

Financial Institution:

Name: _____

Branch: _____

City: _____

State: _____ Zip: _____

Transit/ABA No.: _____

Account No.: _____

Employee Name: _____

Social Security No.: _____

Employee Signature: _____

Date: _____

Attach: voided check for checking accounts or savings deposit slip for savings accounts
Form will not be processed without information below.

Jane A. Doe 1000 Main St. Anywhere, USA 10001	Date _____	3680
PAY TO THE ORDER OF _____		\$ <input style="width: 50px;" type="text"/>
MEMO _____		DOLLARS
X _____		
⑆ 123456789 ⑆ 11484620040 ⑆ 3680		

Transit/ABA No.

Account No.