

DECLINE

Authorization Agreement for Automatic Deposit (Direct Deposit Form)

ENROLL

STOP Effective Date _____

Pre Note _____

CHANGE Effective Date _____

Direct Deposit _____

I (we) hereby authorize Flour Bluff I.S.D. to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our):

<input type="checkbox"/> Savings \$ _____	Account #: _____
<input type="checkbox"/> Checking or balance	
Depository (Bank) Name: _____	
Transit/ABA (Bank Routing) Number: _____	

<input type="checkbox"/> Savings \$ _____	Account #: _____
<input type="checkbox"/> Checking or balance	
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<input type="checkbox"/> Savings \$ _____	Account #: _____
<input type="checkbox"/> Checking or balance	
Depository (Bank) Name: _____	
Transit/ABA (Bank Routing) Number: _____	

Accounts indicated above and the depository named below, hereinafter called Depository, to credit and/or debit the same to such account. I understand that a pre-notification will be sent to the bank with the next payroll and that my direct deposit will not begin until the month following the pre-notification.

This authority is to remain in full force and effect until Flour Bluff I.S.D. payroll office has received written notification to terminate from on (or either of us). Such notification must be made prior to the end of the pay period.

Printed Employee Name: _____

Campus: _____

ID # _____

Date: _____

Signed _____