

Direct Deposit Authorization

Please sign and return this form to the CCISD Business Office

Authorization Agreement For Automatic Deposits

EMPLOYEE NAME:

Please deposit my check directly into the following: (Attached is a copy of a voided check for my checking account or a deposit slip for my savings account. If bank is a credit union, I must have a check that includes my account number and the transit ABA number.)

Financial Institution	Routing Number (9-digit)	Account Number (include zeros)	Checking or Savings	\$ Amount or Percent

Note: Your Entire Check Must Be Direct Deposited

I authorize, CCISD, to credit my account for Direct Deposit of my payroll funds and if necessary, to initiate debt entries or adjustment credits for credits made in error.

This authority will remain in effect until I have canceled this direct deposit authorization in writing. This authority replaces any existing Direct Deposit(s) that I may currently have in place. I understand it is my responsibility to always verify that my check has been direct deposited and that the amount is correct.

Employee Signature

Date

Please sign and return this form to the CCISD Business Office