

Taylor ISD Authorization for Direct Deposit

Employee Name: _____

<input type="checkbox"/> Begin Direct Deposit	<input type="checkbox"/> Add/Delete Secondary Account
<input type="checkbox"/> Change Bank/Account Number/Amount	<input type="checkbox"/> Cancel Direct Deposit

Please confirm that all information below is complete and correct. Contact your financial institution if you have any questions about your ACH Transit Routing Number.

Primary Account Information:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
_____	_____	
Name of Financial Institution	Financial Institution Phone	
_____	_____	
ACH Transit Routing Number (9 digits)	Account Number	

Please complete the box below if you would like your pay deposited into more than one account.

Secondary Account Information:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
_____	_____	
Name of Financial Institution	Financial Institution Phone	
_____	_____	
ACH Transit Routing Number (9 digits)	Account Number	
\$ _____		
Designated amount of pay to be deposited into Secondary Account each pay period.	Note: The balance of Net Pay will be deposited into your Primary Account	

**FOR CHECKING ACCOUNT, PLEASE ATTACH A VOIDED CHECK
FOR SAVINGS ACCOUNT, PLEASE ATTACH A VOIDED SAVINGS DEPOSIT SLIP**

I hereby authorize Taylor ISD to initiate direct deposit of my net pay each payroll period to the account(s) and financial institution(s) indicated above. I agree to indemnify Taylor ISD against any loss sustained by me without regard for the reason of such action. In the event that Taylor ISD deposits funds erroneously into my account, I authorize Taylor ISD to debit my account for any amount; not to exceed the amount of the credit. Termination of this agreement must be made by me in written form and brought to the Taylor ISD Payroll Department at 3101 N. Main Street, Suite 104, Taylor, TX 76574.

Signature: _____ Date: _____