

AUTHORIZATION FOR DIRECT DEPOSIT OF PAYROLL

I hereby authorize Sabine ISD to initiate entries to my checking/savings accounts at the financial institution listed below and, if necessary, initiate adjustments for any transactions made in error. This authority will remain in effect until Sabine ISD is notified by me in writing to cancel it in such time as to afford Sabine ISD and the financial institution a reasonable opportunity to act on it.

Name of Financial Institution

Address of Financial Institution - Branch, City, State & Zip Code

Signature

Date

Name - PLEASE PRINT

Address - PLEASE PRINT

Checking Account Number: _____

check one
Net Amount Set Amount
| \$

Financial Institution Routing Number: _____

Look between these symbols [:] on the bottom left of your checks

Savings Account Number: _____

check one
Net Amount Set Amount
| \$

Financial Institution Routing Number: _____

Preferred e-mail address for delivery of Wage and Earnings Statement

Home _____ or School _____

ATTACH VOIDED CHECK