



NEW OR CHANGE IN AUTHORIZATION FOR DIRECT DEPOSIT

Please fill in all applicable areas, print, sign
and submit to Payroll Department, Administration

This agreement is made between Crowley Independent School District and

Employees Full Name

Employee # Required

OR

New Authorization

- ☐ YES (Complete the form below)
- ☐ NO (Complete the box to the right & then the form below)

Change in Current Authorization

- ☐ Delete old account & replace with new account)
- ☐ Add an additional bank

DIRECT DEPOSIT – FINANCIAL INSTITUTION(S)

1st BANK NAME _____

Bank Routing # for ACH Deposit _____

Personal Account # _____

This will be the primary account for net earnings.

Check one: ☐ Checking or ☐ Savings

2nd BANK NAME _____

Bank Routing # for ACH Deposit _____

Personal Account # _____

Check one: ☐ Checking or ☐ Savings

Deposit Amount \$ _____

****IMPORTANT****

The payroll department **must** have financial institution verification of your routing and account numbers. Examples include: voided check, copy of check, copy of membership card, or a printout from the bank that provides routing and account numbers.

This authority, due in our payroll office by the 5th of the month, is to remain in full force and effect until Crowley Independent School District has received written notification from me of its termination in such time and in such manner as to afford Crowley Independent School District and the Financial Institution a reasonable opportunity to act on it. Written termination of the above authority must be received in our payroll office by the 5th of the month.

DATE _____

EMPLOYEE'S SIGNATURE _____