

DIRECT DEPOSIT AUTHORIZATION

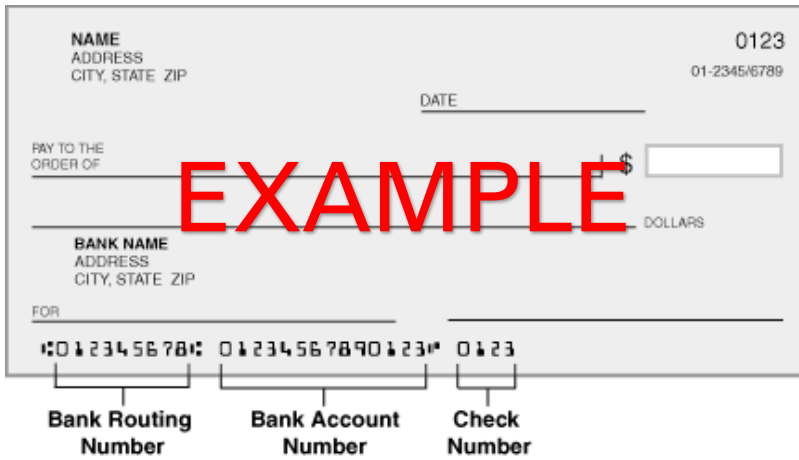
****PLEASE PRINT & COMPLETE ALL THE INFORMATION BELOW****

Name: _____

Address: _____

City, State, Zip: _____

Attach a voided check for each bank account to which funds should be deposited below.



Name of Bank: _____

9-Digit Routing #: _____

Account #: _____

Amount: \$ _____ _____ % or Entire Paycheck

Type of Account: Checking Savings *(Check One)*

Carrizo Springs CISD is hereby authorized to directly deposit my pay in the account listed above, in the amount and/or percentage specified. No more than two accounts may be designated. If two accounts are designated, deposits are to be in whole percentages to total 100%. This authorization will remain in effect until I modify or cancel in writing. Additionally, I hereby authorize Carrizo Springs CISD the right to correct any such electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Employee Signature: _____

Date: _____