

# Direct Deposit Agreement

Brookeland ISD

For Electronic Credit/Debit Entries

## Authorization Agreement

I hereby authorize **BROOKELAND ISD** to initiate automatic deposits to my account at the financial institution named below. I also authorize **BROOKELAND ISD** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **BROOKELAND ISD** responsible for any delay or loss of funds due to incorrect or incomplete information supplied to me.

This agreement will remain in effect until **BROOKELAND ISD** receives a written notice of cancellation from me.

## Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Checking	Savings
<input type="checkbox"/>	<input type="checkbox"/>

Account Number: \_\_\_\_\_

Deposit:  Entire Net Pay  Specific Dollar Amount: \$ \_\_\_\_\_

### ADDITIONAL ACCOUNT INFORMATION (IF WISH PAYCHECK SPLIT BETWEEN 2 ACCOUNTS):

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Checking	Savings
<input type="checkbox"/>	<input type="checkbox"/>

Account Number: \_\_\_\_\_

Deposit:  Entire Net Pay  Specific Dollar Amount: \$ \_\_\_\_\_

## Signature

Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* IMPORTANT: You MUST attach a voided check or deposit slip to this form \*\*\***  
(authorize company please keep in your records).