

PINE TREE ISD DIRECT DEPOSIT AUTHORIZATION FORM

Name: _____

Social Security Number _____

Campus/Dept: _____

Job Title: _____

_____ New Direct Deposit

_____ Change Direct Deposit

******* EMPLOYEES SHOULD CONTACT THEIR FINANCIAL INSTITUTION TO VERIFY ALL INFORMATION INCLUDING ACH TRANSIT ROUTING NUMBER. *******

NAME OF FINANCIAL INSTITUTE _____

ADDRESS OF FINANCIAL INSTITUTE _____

ACH TRANSIT ROUTING NUMBER (9 digit number) _____

ACCOUNT NUMBER _____ CHECKING _____ or SAVINGS _____

*****FOR CHECKING ACCOUNT ATTACH VOIDED CHECK *****

FOR SAVINGS ACCOUNT ATTACH VERIFICATION LETTER FROM THE FINANCIAL INSTITUTION SHOWING ACH TRANSIT ROUTING NUMBER AND ACCOUNT NUMBER

OPTIONAL SECONDARY ACCOUNT INFORMATION

NAME OF FINANCIAL INSTITUTE _____

ADDRESS OF FINANCIAL INSTITUTE _____

ACH TRANSIT ROUTING NUMBER (9 digit number) _____

ACCOUNT NUMBER _____ CHECKING _____ or SAVINGS _____

AMOUNT OF PAY TO BE DEPOSITED TO THIS ACCOUNT EACH PAY PERIOD _\$_____

Once direct deposit has been transmitted, your bank is responsible for the availability of your funds. If you have closed your account, the bank will refund the money to the district; however, the district must wait for receipt of these funds before they can be reissued to you or reposted to your new account. PINE TREE ISD processes payroll according to a published and approved schedule. Payroll cannot be processed prior to the dates listed on the schedule.

THIS FORM MUST BE FILLED OUT COMPLETELY

I authorize Pine Tree Independent School District to initiate credit entries, or debit corrections to my account(s) as listed above. I understand that it is MY RESPONSIBILITY for obtaining funds from the bank(s) once they have been transmitted. This authorization will remain in effect until Pine Tree ISD Business Office has received written notice of termination from me.

SIGNATURE

DATE