

COMANCHE INDEPENDENT SCHOOL DISTRICT
Direct Deposit Authorization Agreement

I hereby authorize Comanche ISD to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same such account. **PLEASE ATTACH A VOID CHECK TO THIS AUTHORIZATION FORM.**

Employee Full Name: _____

Employee SS#: _____

Campus: _____

Phone Number: _____

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Bank Information:

Bank Name: _____

Routing/Transit #: _____

Account#: _____

Type of account for net pay: (Circle One) Checking Savings

This banking information will remain active until employee has given written notification to Comanche ISD of its termination with this banking institution. Written notification must be submitted two weeks prior to pay date for the new banking institution to become effective.

I am an authorized signatory on the above listed checking/savings account.

Authorized Employee Signature: _____

Date: _____