



## AUTHORIZATION FOR DIRECT DEPOSIT

☐ Initial Authorization   ☐ Depository Change   ☐ Account Change   ☐ Amount Change



Employee Name: \_\_\_\_\_

Please attach a voided check (checking).

Please attach a voided deposit slip (savings).

I request my deposit to be sent to:

.....

\_\_\_\_\_  
Financial Institution                      Address                      City                      State                      Depository Phone

9-Digit Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

☐ Checking                      ☐ Savings                      NET AMOUNT OF CHECK: \_\_\_\_\_

.....

\_\_\_\_\_  
Financial Institution                      Address                      City                      State                      Depository Phone

9-Digit Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

☐ Checking                      ☐ Savings                      NET AMOUNT OF CHECK: \_\_\_\_\_

.....

\_\_\_\_\_  
Financial Institution                      Address                      City                      State                      Depository Phone

9-Digit Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

☐ Checking                      ☐ Savings                      NET AMOUNT OF CHECK: \_\_\_\_\_

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\_\_\_\_\_ Please cancel my Direct Deposit!

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I hereby authorize Taylor ISD to initiate direct deposit of my net pay each payroll period to the accounts(s) and financial institution(s) indicated above. I agree to indemnify Taylor ISD against any loss sustained by me without regard for the reason of such action. In the event that Taylor ISD deposits funds erroneously into my account, I authorize Taylor ISD to debit my account for any amount; not to exceed the amount of the credit. Termination of this agreement must be made by me in written form, and brought to the Taylor ISD Payroll Department at 602 West 12<sup>th</sup> Street, Taylor, Texas.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_