AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize Santa Fe I.S.D. to initiate Direct Deposit to the account indicated below:

(Please Print)

Legal Name: Last _____First_____ MI_____

Social Security Number: ___ ___ ___ -- ___ ___ -- ___ ___ ___ ___ Phone # _____

PRIMARY ACCOUNT -

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

Account Number: _____

Name of Bank: _____

Bank Transit Number (Routing Number)/ABA Number: _____

SECONDARY ACCOUNT (SAV1) – AMOUNT to Split to Secondary $_____

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

Account Number: _____

Name of Bank: _____

Bank Transit Number (Routing Number)/ABA Number: _____

Please read the following before signing:

The employee will be responsible for the accuracy of their account numbers and bank routing numbers. The Payroll Department will not verify this with your bank. Please contact your financial institution to confirm these numbers before completing this form. We will not process incomplete forms; they will be returned to you. It takes approximately 30 days to activate your Direct Deposit. Direct deposit is mandatory for all employees.

*****Optional: Attach a voided check or letter from the bank including employee's name, account number and routing number.**

Signature: _____Date: _____

☐ **Cancel direct deposit _____**

Revised 4/2012