



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Name: _____ Employee Number: _____
(PLEASE PRINT) (Last) (First) (Middle)

I hereby authorize IRVING INDEPENDENT SCHOOL DISTRICT, hereinafter called Irving ISD, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error, to the bank account provided.

- Checking (please attach voided pre-printed check or bank documentation)
- Savings (please attach bank documentation)

Name of Bank: _____

Routing Number: _____ Account Number: _____

NAME ADDRESS CITY, STATE, ZIP	0123 01-23456789	
DATE _____		
PAY TO THE ORDER OF _____ \$ _____ _____ DOLLARS		
BANK NAME ADDRESS CITY, STATE, ZIP		
FOR _____		
⑆ 0 1 2 3 4 5 6 7 8 9 ⑆	0 1 2 3 4 5 6 7 8 9 0 1 2 3 4	0 1 2 3
Bank Routing Number	Bank Account Number	Check Number

(NOTE: If you are requesting direct deposit for the first time, or you are changing banks, the process may take two pay periods, depending on when the information is provided.)

IT IS IMPORTANT TO NOTIFY PAYROLL IF YOU CLOSE YOUR ACCOUNT

This authority is to remain in effect until Irving ISD has written notification from me of its termination in such time and in such manner as to afford Irving ISD and BANK a reasonable opportunity to act on it. It is understood that if my BANK is not a member of the AUTOMATED CLEARING HOUSE, this agreement becomes NULL AND VOID.

I understand the Direct Deposit form must be submitted in person to the Irving ISD Payroll Department located at 2621 W. Airport Freeway. A photo ID is required for identity verification.

Date _____

Signature _____