

Bandera Independent School District  
PO Box 727  
Bandera, TX 78003

## DIRECT DEPOSIT AUTHORIZATION

Employee Name: \_\_\_\_\_ Employee ID# \_\_\_\_\_

I certify that I have read, understood, and hereby authorize my payment(s) to be electronically deposited with the financial institution(s) named below, in the following designated account. This authorization will remain in effect until the district has received written notification from me that it is to be terminated in such time and manner for the district to act on it. If the district erroneously deposits funds into my account, I authorize the district to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current pay period.

\_\_\_\_\_  
PAYEE SIGNATURE DATE

PLEASE ATTACH A VOIDED CHECK

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Address of Financial Institution City State Zip Code

Routing Number (9 digits) \_\_\_\_\_

Account Number \_\_\_\_\_

Account Type (check one)  checking  savings

DEPOSIT  
AMOUNT \$

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Address of Financial Institution City State Zip Code

Routing Number (9 digits) \_\_\_\_\_

Account Number \_\_\_\_\_

Account Type (check one)  checking  savings

DEPOSIT  
AMOUNT \$

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_