POTH INDEPENDENT SCHOOL DISTRICT
DIRECT DEPOSIT AUTHORIZATION
DIRECT DEPOSIT IS MANDATORY FOR ALL EMPLOYEES

Employee Name: **Employee ID#:** **Campus:**

Main Account	Type of Account	Bank Information	
Indicate one: ☐ Add ☐ Change ☐ Delete	Indicate: ☐ Checking ☐ Savings	Bank Name: _____Code #_____ ABA Transit Routing No: _____ Account Number: _____	NET PAY

2nd Account	Type of Account	Bank Information	Dollar Amount
Indicate one: ☐ Add ☐ Change ☐ Delete	Indicate: ☐ Checking ☐ Savings	Bank Name: _____Code #_____ ABA Transit Routing No: _____ Account Number: _____	Indicate specific dollar Amount: $_____

3rd Account	Type of Account	Bank Information	Dollar Amount
Indicate one: ☐ Add ☐ Change ☐ Delete	Indicate: ☐ Checking ☐ Savings	Bank Name: _____Code #_____ ABA Transit Routing No: _____ Account Number: _____	Indicate specific dollar Amount: $_____

I hereby authorize Poth ISD and the Financial Institution(s) listed above to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to my account(s). This authorization may not take effect on my next paycheck due to setup requirements. Once started, this authorization will remain in effect until I have cancelled or changed my account information in writing. I understand that if my net pay is not large enough to deduct the second or third account amount that my entire net pay will be deposited into my main account.

_____
Signature Date

Date Entered: _____
Initials: _____