

SANTA GERTRUDIS INDEPENDENT SCHOOL DISTRICT

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

PLEASE TYPE OR PRINT ONLY

Last Name _____ First Name _____

Social Security # _____ Campus/Location _____

I hereby authorize SANTA GERTRUDIS INDEPENDENT SCHOOL DISTRICT to directly deposit my payroll check into my checking or saving account as indicated below. If my bank cannot accommodate the direct deposit service, the Business Office will notify me and my paycheck will be issued as it would without direct deposit.

I understand that the direct deposit is due at my bank based on Santa Gertrudis Independent School District's pay date. I also understand that I am responsible for any and all bank service fees that result from paying out of my account before the direct deposit was posted.

Signature _____

Date _____

Please indicate the type of account that you would like to direct deposit your payroll check into.

_____ CHECKING

_____ SAVINGS

***Attach a voided check to this form if selecting your paycheck to be directly deposited into your checking account or attach a savings account deposit slip if selecting a savings account.
Return to the Business Office.***