

DALHART INDEPENDENT SCHOOL DISTRICT
Authorization Agreement for Direct Deposit

Name _____ Social Security Number _____

Address _____ Telephone _____

I authorize Dalhart ISD to credit my account with the financial institution named below. If Dalhart ISD erroneously deposits funds into my account, I authorize Dalhart ISD to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current pay period.

Financial Institution Name _____ City _____ State _____ Zip _____

Bank _____
Savings & Loan _____
Credit Union _____
Other _____

Transit Routing Number _____ Account Number _____

Checking Account _____
Savings Account _____
Pre-Paid Card _____

This authorization will remain in effect until Dalhart ISD has received notification from me that it is to be terminated in such time and manner for Dalhart ISD to act on it.

Signature _____ Date _____

The routing number is the 9 digit number at the bottom left on your checks. Your account number is the series of numbers following the routing number on the same line. You may want to verify these numbers with your financial institution to make sure the form is completed properly.

Please attach a void check below so that we can verify your routing number and account number. If you do not have checks, please verify the information above with your financial institution before submitting the form.

If you would like your direct deposit stub delivered by e-mail, please provide a valid e-mail address below. This will speed up receipt of your direct deposit stub.
