

Authorization for Direct Deposit Waxahachie ISD

I hereby authorize the Payroll Department of Waxahachie ISD to directly deposit my monthly payroll check via electronic means to the checking and/or savings account(s) below. I authorize credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error. I have **attached** a voided check for each account that will utilize direct deposit for these payroll funds.

Date: _____ Signature: _____

Last four digits of social security number: _____

Primary Account Information:

Banking Institution: _____

Address: _____

Name on Account: _____

Account Number: _____ Routing Number _____

Type of Account: (check one) Checking Savings

Secondary Account Information:

Banking Institution: _____

Address: _____

\$ _____ of my payroll is to be deposited in the following secondary account each month.

Name of Account: _____

Account Number: _____ Routing Number: _____

Type of Account: (check one) Checking Savings

Attach Voided Check Here (do not attach deposit slip)