

CROSBY ISD DIRECT DEPOSIT  
AUTHORIZATION AGREEMENT



I hereby authorize Crosby ISD to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below, hereinafter called DEPOSITORY to credit and/or debit the same such account.

**PLEASE ATTACH A VOIDED CHECK TO THE AUTHORIZATION FORM.**

**Employee Name:** \_\_\_\_\_

**Employee ID#:** \_\_\_\_\_

**Campus:** \_\_\_\_\_

**Phone Ext. :** \_\_\_\_\_

**Please (circle one) initiate/change my direct deposit as indicated below:**

**Primary Account:**

Bank Name:
Routing #
Account #
Type of account for net pay: (circle one) Checking / Savings                      Amount: \$Net Pay*****

**Secondary Account:**

Bank Name:
Routing #
Account#
Type of account for fixed amount:(circle one) Checking / Savings                      Indicate Amount: \$_____

This authority is to remain full force and effect until Crosby ISD has received written notification from me of its termination in such time and in such manner as to afford Crosby ISD and DEPOSITORY a reasonable opportunity to act on it. (Must be authorized signatory on the Checking/Savings account listed above.)

I am an authorized signatory on the Checking/Savings account listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date