

Pasadena Independent School District
Authorization Agreement for Direct/Automatic Deposits

I hereby authorize Pasadena Independent School District to initiate credit entries (deposits) and to initiate, if necessary, debit entries for any errors in my account.

Social Security No. _____ - _____ - _____

Payroll Name (please print): _____
Last First Middle Initial

Signature: X _____ **Date** _____
Signature required for authorization and implementation to deposit monies in all accounts below.

Please fill in account information below and provide a voided check or Bank form with necessary information.
First Time Direct Deposits: Will take TWO pay periods to become effective.
Changes to Direct Deposits: Will take TWO pay periods to become effective. Any accounts currently on direct will be STOPPED and restarted to be effective with the new changes.

NAME OF INSTITUTION: _____

Bank Transit/ABA No:

Account No:

Type of Account (Check One) C – Checking S – Savings **MAIN ACCOUNT**

NAME OF INSTITUTION: _____

Bank Transit/ABA No:

Account No:

Type of Account (Check One) C – Checking S – Savings \$ _____ or _____ %

NAME OF INSTITUTION: _____

Bank Transit/ABA No:

Account No:

Type of Account (Check One) C – Checking S – Savings \$ _____ or _____ %

NAME OF INSTITUTION: _____

Bank Transit/ABA No:

Account No:

Type of Account (Check One) C – Checking S – Savings \$ _____ or _____ %

NAME OF INSTITUTION: _____

Bank Transit/ABA No:

Account No:

Type of Account (Check One) C – Checking S – Savings \$ _____ or _____ %