



RAYMONDVILLE

INDEPENDENT SCHOOL DISTRICT

DIRECT DEPOSIT AUTHORIZATION

TO SIGN UP FOR DIRECT DEPOSIT: Section 1 and Section 2 must be completed.
(The financial institution must complete Section 2 before it is returned to Payroll.)

Section 1: Employee Information (To Be Completed By Employee)

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| NAME OF EMPLOYEE (Last, First, Middle Initial) | EMPLOYEE ID NUMBER: |
| ADDRESS (Street, P.O. Box, APO/FPO) | TELEPHONE NUMBERS HOME: CELL: |
| CITY, STATE, ZIP CODE | |
| <p>The following declaration MUST be completed by all payees requesting direct deposit: (International Banking Rules require this statement to be completed)</p> <p>Will these payments be transferred or forwarded outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to what country? _____ Percentage of payment to be transferred _____ %.</p> <p>I hereby authorize my payment(s) to be electronically deposited with the financial institution named below, in the following designated account. This authorization will remain in effect until the district has received written notification from me that it is to be terminated in such time and manner for the district to act on it. If the district erroneously deposits funds into my account, I authorize the district to initiate the necessary debit entries, not to exceed the total of the original amount(s) credited. I further acknowledge and agree that the Raymondville Independent School District shall not be liable for damages related to late deposit or to deposit error by the originating bank or the receiving bank that might result in overdraft charges by my bank or insufficient funds charges to me, and acknowledging that it is my duty to ensure that deposits have been made to my account(s) on a timely basis.</p> | |
| PAYEE SIGNATURE | DATE |

Section 2: (This section MUST be filled out by your financial institution)

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| BANK (FINANCIAL INSTITUTION) | |
| ADDRESS (Street, P.O. Box, APO/FPO) | TELEPHONE NUMBER |
| CITY, STATE, ZIP CODE | |
| DEPOSITOR'S ACCOUNT NUMBER (Please enter account number EXACTLY as on bank records.) <input type="checkbox"/> CHECKING ACCOUNT <input type="checkbox"/> SAVINGS ACCOUNT | DEPOSITOR'S 9-DIGIT ROUTING NUMBER (Please enter routing number EXACTLY as on bank records.) |
| BANK REPRESENTATIVE NAME (Please Print) | BANK REPRESENTATIVE SIGNATURE (Banks representative's signature required for processing) |