

BROCK I.S.D. DIRECT DEPOSIT AUTHORIZATION

SS # _____ ID # _____

I, _____, hereby authorize Brock Independent School District to initiate entries to my checking/savings account at the financial institution listed below and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until the Brock I.S.D. Business Manager is notified by me in writing to cancel in time to afford Brock I.S.D. and the financial institution a reasonable opportunity to complete cancellation.

#1 - Primary Institution

Name of Financial Institution	Address of financial institution - branch, city, state & zip code	
Name on account - Please Print		
Total Check:	Set Amount:	Maximum amount:
Account Number:		Savings: _____ Checking: _____
Financial Institution Routing Number: <small>(Located between these symbols 1 : 1 on the bottom left of your check)</small>		

#2 - Secondary Institution (Optional)

Name of Financial Institution	Address of financial institution - branch, city, state & zip code	
Name on account - Please Print		
Total Check:	Set Amount:	Maximum amount:
Account Number:		Savings: _____ Checking: _____
Financial Institution Routing Number: <small>(Located between these symbols 1 : 1 on the bottom left of your check)</small>		

Signature

Date

NOTE: PLEASE BE SURE TO ATTACH A DEPOSIT SLIP OR VOIDED CHECK FOR EACH ACCOUNT TO BE USED FOR VERIFICATION PURPOSES.