

Please attach a voided check or deposit slip

BROWNFIELD INDEPENDENT SCHOOL DISTRICT ENROLLMENT FORM

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

Name _____

Date to begin automatic deposit _____

Provide the following information for the bank account to which you would like us to deposit your pay: ()Checking ()Savings

Bank Name _____

Bank Number _____

(Found at the bottom of your checks and deposit slips. Ex. 111 then followed by other numbers to identify your bank.)

Account Number _____

I hereby authorize Brownfield I.S.D. to deposit my pay to the bank account named above.

This authority is to remain in full force and effect until Brownfield I.S.D. has received written notification from me of its termination 20 days prior to the transfer.

Name: _____

Date: _____

Signature: _____

Date: _____

Payroll Signature: _____
