



Direct Deposit Agreement Form

Initial

Update

Cancel

Authorization Agreement

I hereby authorize Hempstead ISD to initiate automatic deposits to my account at the financial institution named below. I also authorize Hempstead ISD to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Hempstead ISD responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Hempstead ISD receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Employee Information

Name: _____ SS#: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____

Account Information

Name and Address of Financial Institution

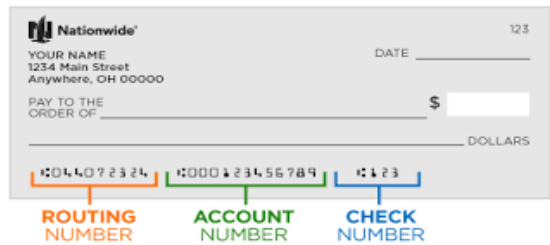
Routing Number

Check Digit

_____ - _____

Type of Depositor Account Checking Savings

Depositor Account Number



Signature

Authorized Signature: _____ Date: _____

***Please attach a voided check or deposit slip and return to the Business Office.**

Office Use

Initial and Date:

HR – Input in TxEIS: _____ HR – Verified in TxEIS: _____ PR – Verified in TxEIS: _____