

Canutillo Independent School District Direct Deposit Agreement Form

Authorization Agreement

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

Further, I agree not to hold Canutillo 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 Canutillo 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. **Authorization agreement must be submitted at least seven (7) business days prior to the next scheduled pay date. **New Account Information Primary Account** Name of Financial Institution: **Routing Number: Account Number:** ☐ \$ Specific Dollar Amount ☐ % of Net ☐ Checking □ Savings Effective Pay Date: _____ **Secondary Account** Name of Financial Institution: **Routing Number: Account Number:** ☐ Checking □ ______% of Net □ \$ _____Specific Dollar Amount □ Savings Effective Pay Date: **Complete if Changing Existing Direct Deposit Amounts** Name of Financial Institution: **Routing Number: Account Number:** □ % of Net □ \$ Specific Dollar Amount **From:** □ Checking ☐ Savings Effective Pay Date: \square % of Net \square \$ Specific Dollar Amount To: ☐ Checking □ Savings Effective Pay Date: **Direct Deposit Cancellation** I am requesting cancellation of the direct deposit arrangement. Name of Financial Institution: **Routing Number: Account Number: Effective Pay Date:** Signature Employee Name (Print Only): Employee ID: _____ **Employee Signature:** Employee Phone Number:

Please attach a voided check or letter from Financial Institution.

