

**Willis Independent School District
DIRECT DEPOSIT AUTHORIZATION
(Attach voided check on bank form)**

Employee name _____ EMP # _____

Banking and Deposit Information – 1

Status New Change Cancel
Effective Immediately Begin date: _____
Type of Account Checking Savings
Amount Full Partial: Amount \$ _____
Financial Institution Name _____
Transit Routing Number _____
Account Number _____

Banking and Deposit Information – 2(Optional)

Status New Change Cancel
Effective Immediately Begin date: _____
Type of Account Checking Savings
Amount Partial: Amount \$ _____
Financial Institution Name _____
Transit Routing Number _____
Account Number _____

Banking and Deposit Information – 3(Optional)

Status New Change Cancel
Effective Immediately Begin date: _____
Type of Account Checking Savings
Amount Partial: Amount \$ _____
Financial Institution Name _____
Transit Routing Number _____
Account Number _____

Authorization

I authorize Willis ISD to direct deposit funds to my account in the financial institution(s) listed above. If funds to which I am **not** entitled are deposited in my account, I authorize Willis ISD to initiate a correcting (debit) entry. I understand that the authorization may be rejected or discontinued by Willis ISD at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to me will be returned to Willis ISD for distribution and I understand this will delay my check. I understand this authorization will override any previous authorization and will remain in effect until revoked by my written request.

Further, I understand that funds are guaranteed only to be posted to my account by the close of business on pay date.

Signature _____ Date _____

FOR OFFICE USE ONLY-	<i>Initials</i> _____
Effective Payroll Date: _____	PRIMARY Bank Code # _____
SECOND BANK CODE# _____	THIRD BANK CODE # _____