

# GSISD PAYROLL DIRECT DEPOSIT AGREEMENT

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In order for you to participate in the Direct Deposit Payroll Program, you must sign the authorization agreement, attach a voided check, and return to the Payroll Department. ALL INFORMATION MUST BE PROVIDED FOR PROCESSING.

Instructions:

1. Attach a voided check or a copy of a check
2. Complete and sign the form
3. Return form to the Payroll Department

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I hereby authorize Grand Saline Independent School District, GSISD, to initiate credit entries and to initiate, if necessary, debit entries and adjustment for any credit entries in error to my account(s).

This agreement is to remain effective until GSISD has received written notification from me of its termination in such time and manner as to afford GSISD and DEPOSITORY a reasonable opportunity to act on it.

Employee Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Primary Account:</b>	Checking _____	Savings _____
Bank Name:	_____	
Routing Number:	_____	
Account Number:	_____	

<b>Secondary Account:</b>	Checking _____	Savings _____
Bank Name:	_____	
Routing Number:	_____	
Account Number:	_____	

<b>GSISD OFFICIAL USE ONLY</b>	
PRE-NOTE: _____	DIRECT: _____
Initials/Date	Pay Date