

**DIRECT DEPOSIT AUTHORIZATION FORM**

(Please print all information below)

EMPLOYEE NAME: _____ EMPLOYEE ID# OR SSN _____

Please check appropriate pay cycle: ☐ Monthly ☐ BiweeklyThe following declaration **MUST** be completed by all employees requesting direct deposit:

I hereby authorize Judson Independent School District to electronically deposit my payment with the financial institution named below in the following designated account(s). This authorization will remain in effect until I provide the district written notification to terminate this direct deposit authorization.

If the district erroneously deposits funds into my account, I authorize the district to initiate the necessary debit entries. I further acknowledge and agree that the Judson Independent School District shall not be liable for damages related to late deposit or to deposit error by the originating bank or the receiving bank that might result in overdraft charges by my bank or insufficient funds charges to me.

The effective date for initial direct deposit will be determined by the date on which this authorization form is received.

Employee Signature_____
Date**Primary Account:**Bank Name: _____ (check one)
☐ Checking ☐ Savings

Routing Number: _____ Account Number: _____

2nd Account (Optional):Bank Name: _____ (check one)
☐ Checking ☐ Savings

Routing Number: _____ Account Number: _____

Amount to deposit into this account \$ _____

**PLEASE ATTACH VOIDED CHECK OR BANK DOCUMENT TO VALIDATE ACCOUNT NUMBER(S).
FORM WILL NOT BE PROCESSED WITHOUT VALID DOCUMENTATION.**

Cancellation Request

Complete this section to cancel current direct deposit account.

Bank Name: _____ Last 4 Digits of Account to Cancel _____

Employee Signature_____
Date

Payroll Office Use Only:

Processed by: _____ Date: _____ Verified By: _____