

**LINDALE ISD**

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS**

NEW AUTHORIZATION \_\_\_\_\_ ADDITIONAL ACCOUNT AMOUNT \$ \_\_\_\_\_

CHANGE OF BANKING/ACCOUNT DEPOSITORY \_\_\_\_\_ CANCELLATION \_\_\_\_\_

*One option above must be selected.*

I hereby authorize LINDALE ISD, hereinafter called LISD, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my:

CHECKING ACCOUNT \_\_\_\_\_ SAVINGS ACCOUNT \_\_\_\_\_

Indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

\_\_\_\_\_  
Depository (Bank) Name

\_\_\_\_\_  
Transit/ABA Number (Routing —9 digits)

\_\_\_\_\_  
Account Number

**Direct Deposit accounts *may* take two months to activate, one month to verify your banking numbers and the second will be an actual deposit.** This authority is to remain in full force and effect until LISD has received written notification from me of its termination in such a time and in such a manner as to afford LISD and DEPOSITORY a reasonable opportunity to act on it.

\_\_\_\_\_  
Employee Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**VOIDED CHECK OR LETTER FROM BANK MUST BE PROVIDED FOR VERIFICATION PURPOSES.**

ENTERED BY \_\_\_\_\_

DATE ENTERED \_\_\_\_\_

VERIFIED BY \_\_\_\_\_

DATE VERIFIED \_\_\_\_\_