

Direct Deposit Agreement
Brookeland ISD
For Electronic Credit/Debit Entries

Authorization Agreement

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

Further, I agree not to hold **BROOKELAND ISD** responsible for any delay or loss of funds due to incorrect or incomplete information supplied to me.

This agreement will remain in effect until **BROOKELAND ISD** receives a written notice of cancellation from me.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Checking

Savings

Account Number: _____

Deposit: Entire Net Pay Specific Dollar Amount: \$ _____

ADDITIONAL ACCOUNT INFORMATION (IF WISH PAYCHECK SPLIT BETWEEN 2 ACCOUNTS):

Name of Financial Institution: _____

Routing Number: _____

Checking

Savings

Account Number: _____

Deposit: Entire Net Pay Specific Dollar Amount: \$ _____

Signature

Name (Please Print): _____ Date: _____

Authorized Signature: _____ Date: _____

***** IMPORTANT: You MUST attach a voided check or deposit slip to this form *****
(authorize company please keep in your records).