Garrison ISD
Electronic Funds Transfer (EFT)
DIRECT DEPOSIT
AUTHORIZATION AGREEMENT

The Direct Deposit Authorization Agreement Form provides authorization to wire transfer payments directly into your checking or savings account. Please note - in order to utilize this option, your financial institution must be a member of the Automated Clearing House (ACH). Call your financial institution if you are unsure. The Direct Deposit Authorization Program will begin September 15, 2009. Garrison ISD requires 30 to 60 days upon receipt of this notification before you are eligible for the direct deposit authorization program.

1. **Please type or print all information. Be sure to note if CHECKING or SAVINGS account.**
2. **You MUST enter your name and address as it appears on your checking/savings account**.
3. **IF YOU WISH YOUR DEPOSIT TO BE SPLIT TO MORE THAN ONE Financial Institution or account, COMPLETE A FORM FOR EACH ACCOUNT and mark the amount to be deposited. IF YOU ARE SENDING FUNDS TO MULTIPLE ACCOUNTS, you MUST designate one account as your PRIMARY direct deposit account because the total deposited must be 100% of your net payroll check.**
4. **Sign and date the form and return it to the Garrison ISD Business Office.**

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DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I HEREBY AUTHORIZE Garrison Independent School District, hereafter called GISD, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below, hereafter called Depository, to credit and/or debit the same such account.

Employee #_____ **New** **Change** **Stop**

a. Employee Name: _____ SS#_____

b. Employee Address: _____

THIS IS AUTHORIZATION TO DEPOSIT PAYROLL PROCEEDS INTO MY CHECKING/SAVINGS ACCOUNT AS LISTED BELOW:

c. Financial Institution Name: _____

d. Institution's Address: _____

e. Telephone Number: _____ _____

f. Routing Transit Number: _____

g. Account Number: _____

h. **Do you want to send 100% of your net check to this institution**? ◯ **YES** or ◯ **NO**

IF you are NOT sending funds to MULTIPLE Accounts, you MUST complete ONE of the below statements:

☐ **This is my PRIMARY account.** Once deposits are made to my other designated direct deposit accounts, the balance of my paycheck will be deposited to THIS account.

OR

☐ **This is a secondary account.** The dollar amount I wish to go to the above account is: _____.

This authority is to remain in full force and effect until GISD has received written notification from me of its termination in such time and in such manner as to afford GISD and Depository a reasonable opportunity to act upon it.

_____ _____

Signature **Date**

(Must be an authorized signatory on the checking/savings account listed above)

Business Office Use ONLY PRENOTE: _____ EFFECTIVE:_____ LIVE: _____

ATTACH A SAMPLE/VOIDED CHECK AND DEPOSIT SLIP