

McGregor ISD
ACH (Direct Deposit) Payroll Authorization

Begin or Change Direct Deposit

Cancel Direct Deposit

Employee Acknowledgement

I hereby authorize McGregor ISD to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below, hereinafter called Depository, to credit and/or debit the same to such account.

Depository Information

Depository Name: _____

Branch (If Applicable): _____

Depository Address: _____

Street/P.O. Box Number

City State Zip Code

Routing Number: _____

Employee Information

Employee Name: _____

Employee Social Security Number: _____

Employee Account Number: _____

(Include all required digits for the ACH Direct Deposit)

Type of Account (Select One): Checking Savings

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

Signature

Date

Please attach a copy of a voided check in the space below. If you do not have checks, ask your bank for their direct deposit form.