



Red Oak Independent School District
AUTHORIZATION AGREEMENT FOR ELECTRONIC DIRECT DEPOSIT
 (This authorization SUPERCEDES any & all previous authorizations)



Employee Name (Print) _____

I hereby authorize Red Oak Independent School District (ROISD) to initiate electronic credit entries and to initiate, if necessary, debit entries and adjustments for any incorrect credit entries to the accounts listed below.

PRIMARY ACCOUNT

Bank Name	Account Type	Routing Number	Account Number	Amount
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings			NET (NET = Gross Pay minus All Deductions.)

ADDITIONAL ACCOUNT(S)

Bank Name	Account Type	Routing Number	Account Number	Amount – Per Monthly Payroll
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings			\$
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings			\$
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings			\$
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings			\$

I understand I must submit a new Direct Deposit Authorization to payroll immediately upon any changes to or closures of my designated direct deposit account(s). I further understand a change in my account(s) could result in a delay of receiving my pay if ROISD is not given proper notification or if the proper documentation stated below is not attached.

By my signature below, I agree to hold harmless the Red Oak School District for any loss, liability or expense incurred in connection with this authorization / agreement.

Employee Signature _____ Last 4 of SSN: _____ Date: _____

**A VOIDED CHECK, COPY OF A CHECK, SCREENSHOT from ONLINE ACCOUNT, OR BANK AUTHORIZATION FORM THAT INCLUDES ROUTING & ACCOUNT NUMBER MUST BE
 INCLUDED FOR ALL CHECKING ACCOUNTS & A DEPOSIT SLIP MUST BE INCLUDED FOR ALL SAVINGS ACCOUNTS**