SWEENY ISD DIRECT DEPOSIT

The district is implementing mandatory direct deposit of your monthly payroll check. For verification of pay, substitutes will receive a check stub with the payroll information for the pay period and full-time employees will have that information available through Employee Access. Complete the information below and return hardcopy of this form via inner-office mail or directly deliver to Bianca Heinroth, Payroll Manager, Sweeny Admin. Building. Any other questions email bheinroth@sweenyisd.org or call (979) 491-8024.

Your bank will help you with some of the questions below.

Pursuant to Section 403.016, Texas Government Code, I authorize FIRST STATE BANK, hereinafter called COMPANY, to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account indicated below and the financial institution named below; hereinafter, called DEPOSITORY, to credit and/or debit the same to such account. I recognize that if I fail to provide complete and accurate information on this authorization form. The processing of the form may be delayed or that my payments may be erroneously transferred electronically.

I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and Sweeny ISD's rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed.

This authority is to remain in full force and effect until PAYROLL has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on the matter.

***********IF CHECKING ACCOUNT….ATTACH VOIDED CHECK OR DEPOSIT SLIP**********

Print Name **Social Security #** **Date**

EMPLOYEE BANK ACCOUNT #:_____

FINANCIAL INSTITUTION NAME:_____

FINANCIAL INSTITUTION ADDRESS:_____

BANK TRANSIT/ABA NO. (Routing #):_____

Check one: **Bank account type:** **(code 2)** **CHECKING ACCOUNT { }**
(code 3) **SAVINGS ACCOUNT { }**

TRANSACTION TYPE: (please check all that apply)

{ } New setup	**{ } Change financial institution**
{ } Additional account $_____	**{ } Change account number**
{ } Cancellation	**{ } Change account type**

SIGNATURE_____

Payroll Manager will contact employee to verify information prior to change in system

FOR PAYROLL USE ONLY

DATE RECEIVED:_____ BANK CODE:_____

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