

**GALENA PARK INDEPENDENT SCHOOL DISTRICT
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

I HEREBY AUTHORIZE Galena Park Independent School District to initiate credit entries (deposits) and to initiate, if necessary, debit entries for any errors in my account. A direct deposit test must be conducted before any deposits are made to your account. Therefore, you will receive a blue paycheck and not a red direct deposit notice the payday immediately following your request for direct deposit.

EMPLOYEE NAME (Please Print): _____
Last First MI

EMPLOYEE ID #: _____ LOCATION: _____
(6 Digits, located on your check/direct deposit stub)

Please fill in account information below and provide a voided check or Bank form with necessary information

First Time Direct Deposits AND Changes to Direct Deposits: Will take **TWO pay periods to become effective.**

Primary Direct Deposit

Name of Institution _____

Bank Transit/ABA #

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Account No

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Type of Account: Checking Saving No Changes to Primary

Secondary Direct Deposit

Name of Institution _____ Amount \$ _____

Bank Transit/ABA #

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Account No

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Type of Account: Checking Saving Change in Amount No Changes to Secondary

Employee's Signature _____ Date _____

*Attach a pre-printed **voided check or Bank form** for the above account(s) and return the completed form to the Payroll Services department.*

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