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.

NAME (Please Print): _____
Last First MI

EMPLOYE ID #:_____ CAMPUS/DEPARTMENT:_____
(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 # | | | | | | | | | |

Account No | | | | | | | | | | | | | | | |

Type of Account: ☐ Checking ☐ Saving ☐ No Changes to Primary Account

Secondary Direct Deposit

Name of Institution _____

Bank Transit/ABA # | | | | | | | | | |

Account No | | | | | | | | | | | | | | | |

Type of Account: ☐ Checking ☐ Saving ☐ Change in Amount **Amount $**_____

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 Compensation Department.*

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