

**AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS**

**COMPANY NAME:** \_\_\_\_\_ Sherman Independent School District \_\_\_\_\_

I hereby authorize Sherman Independent School District, hereinafter called **COMPANY**, to initiate debit/credit entries to my Checking account indicated below and the depository named below, hereinafter called **DEPOSITORY**, to debit/credit the same to such account.

**BANK NAME:** \_\_\_\_\_  
(Please Print)

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**TRANSIT/ABA #:** \_\_\_\_\_ **ACCOUNT #:** \_\_\_\_\_

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

**SOCIAL SECURITY #:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
(Please Print)

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLACE A VOIDED CHECK HERE**  
*Required in order to start Direct Deposit*  
*Deposit Slips are not Accepted*

NOTE: It takes one payroll cycle to get this set-up. Following are examples:  
Bi-Weekly payrolls: Forms received by Monday before a Friday pay date - Direct Deposit will begin in two weeks  
Monthly payrolls: Forms received before the 10th of any month - Direct Deposit will begin the following month