



## Sherman ISD Direct Deposit Authorization

**\*To be effective, this form MUST be received in person\***

*Please print clearly*

Employee Name: \_\_\_\_\_ TEAMS Employee ID#: \_\_\_\_\_

Sherman ISD requires Direct Deposit of payroll checks to our employees. Split deposits to checking and savings accounts are also available. Please read and complete the agreement below.

\_\_\_\_ Yes, I would like my payroll check Direct Deposited into **ONE ACCOUNT**.

\_\_\_\_ Yes, I would like my payroll check Direct Deposited into **MORE THAN ONE ACCOUNT**.

<b>NET PAY ACCOUNT</b>			
Start _____	Stop _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name _____	Bank Address _____		
Routing # _____	Account # _____		
<b>ACCOUNT #2</b>			
Start _____	Stop _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings    Amount \$ _____
Bank Name _____	Bank Address _____		
Routing # _____	Account # _____		
<b>ACCOUNT #3</b>			
Start _____	Stop _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings    Amount \$ _____
Bank Name _____	Bank Address _____		
Routing # _____	Account # _____		

I HEREBY AUTHORIZE Sherman ISD to Direct Deposit the payment described above to my account at the financial institution(s) named above. Sherman ISD is authorized to adjust deposits made to my account in error. I will not hold the financial institution named above liable for any erroneous deposits or adjustments made by Sherman ISD. This authorization is to remain in effect until Sherman ISD has received written notification from me of its termination in such time and in such manner as to afford Sherman ISD and the depository a reasonable opportunity to act on it.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLACE A VOIDED CHECK FROM EACH ACCOUNT YOU ARE AUTHORIZING**

Required in order to verify Direct Deposit

Deposit Slips are not acceptable