

Fruitvale Independent School District

DIRECT DEPOSIT AUTHORIZATION

TO SIGN UP FOR DIRECT DEPOSIT: Complete Section 1 and 2. Attach a deposit slip (for the account you want your check deposited into) to this form and return to Susan McCann.

SECTION 1: EMPLOYEE INFORMATION

Name of Employee (Last, First, Middle Initial)	Social Security Number
Address (Street, P.O. Box)	Telephone Number
City State Zip Code	Date

I certify that I have read, understood and hereby authorize my payment(s) to be electronically deposited with the financial institution named below, in the following designated account. This authorization will remain in effect until the district has received written notification from me that it is to be terminated in such time and manner for the district to act on it. If the district erroneously deposits funds into my account, I authorize the district to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current pay period.

Payee Signature	Date
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SECTION 2: FINANCIAL INSTITUTION CERTIFICATION

Name of Financial Institution			
Address of Financial institution	City	State	Zip Code
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/> Checking	
Routing Number		<input type="checkbox"/> Savings	

SECTION 3: REQUEST FOR CANCELLATION OF DIRECT DEPOSIT

I HEREBY CANCEL MY AUTHORIZATION FOR DIRECT DEPOSIT EFFECTIVE DATE _____

Signature	Date
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