



## DIRECT DEPOSIT AUTHORIZATION FORM

Eagle Mountain-Saginaw Independent School District

Section 1: Employee Information	
Name (First/Middle/Last)	Social Security# XXX - XX -
Street Address	Home Phone
City / State / Zip Code	Work Phone
Campus/Department	Job Title
<p>I hereby authorize the Eagle Mountain-Saginaw Independent School District, hereinafter called DISTRICT, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account (s) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or credit the same to such account (s).</p> <p>This authority is to remain in full force and effect until DISTRICT has received written notification from me of its termination in such time and in such manner as to afford DISTRICT and DEPOSITORY a reasonable opportunity to act on it.</p>	
Signature	Date
Section 2: Financial Institution	
<b>Account #1</b>	<b>Account #2</b>
Depository (Financial institution Name)	Depository (Financial institution Name)
City / State / Zip Code	City / State / Zip Code
Routing Number	Routing Number
Account Number	Account Number
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Full Amount:	Full Amount:
Partial Amount:	Partial Amount:

Please attach a voided check for each account and/or provide a Bank Direct Deposit Authorization Form.

