

LA VERNIA INDEPENDENT SCHOOL DISTRICT

**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSITS**

Name: \_\_\_\_\_ SS # \_\_\_\_\_

I hereby authorize La Vernia I.S.D. and the financial institution(s) named below ("Bank(s)") to deposit my net payroll automatically to my account(s) each payday. If monies to which I am not entitled are deposited in my account(s), I authorize La Vernia I.S.D. and the Bank(s) to direct the return of said funds and make the necessary debit adjustments to my account(s).

This authority is to remain in effect until La Vernia I.S.D. has received my written notification of its termination so as to allow La Vernia I.S.D. and the Bank(s) a reasonable opportunity to act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please complete the following:

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Transit/ABA # : \_\_\_\_\_ Account # : \_\_\_\_\_

Type of Account:         Checking         Savings        Amount: \$ \_\_\_\_\_  
                                  Add                 Change         Cancel        Please attach a voided check

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Please complete the following:

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Transit/ABA # : \_\_\_\_\_ Account # : \_\_\_\_\_

Type of Account:         Checking         Savings        Amount: \$ \_\_\_\_\_  
                                  Add                 Change         Cancel        Please attach a voided check

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Please complete the following:

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Transit/ABA # : \_\_\_\_\_ Account # : \_\_\_\_\_

Type of Account:         Checking         Savings        Amount: \$ \_\_\_\_\_  
                                  Add                 Change         Cancel        Please attach a voided check

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Please complete the following:

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Transit/ABA # : \_\_\_\_\_ Account # : \_\_\_\_\_

Type of Account:         Checking         Savings        Amount: \$ \_\_\_\_\_  
                                  Add                 Change         Cancel        Please attach a voided check

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