

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	Email Address

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

1.) Name of Financial Institution:

Address of Financial institution	City	State	Zip Code
Routing #: <input type="text"/>			
Account #:			
		___ Checking(\$_____)	
		___ Savings (\$_____)	

2.) Name of Financial Institution:

Address of Financial institution	City	State	Zip Code
Routing #: <input type="text"/>			
Account #:			
		___ Checking(\$_____)	
		___ Savings (\$_____)	

3.) Name of Financial Institution:

Address of Financial institution	City	State	Zip Code
Routing #: <input type="text"/>			
Account #:			
		___ Checking(\$_____)	
		___ Savings (\$_____)	

SECTION 3: REQUEST FOR CANCELLATION OF DIRECT DEPOSIT

__ I HEREBY CANCEL MY AUTHORIZATION FOR DIRECT DEPOSIT EFFECTIVE DATE _____

Signature

Date