

Coldspring – Oakhurst Consolidated Independent School District
P. O. Box 39 Coldspring, Texas 77331-0039
(936) 653-1113

DIRECT DEPOSIT AUTHORIZATION

PURPOSE OF AUTHORIZATION: (Check one)

New Authorization
(Complete Sections A, B, C and F)

Changes to existing Authorization
(Complete Sections A, B, and D)

Cancellation
(Complete Sections A and E)

A. Employment Information (PLEASE PRINT)

Employee's Name

Employee Identification Number

Campus or Department

B. Banking/Financial Institution Information

Name of Bank/Financial Institution

Amount to be Deposited

Bank ACH Routing Number

Address

Bank Account Number

C. New Authorization Statement

I authorize and request my employer to send the net amount due from my payroll, retirement, or living allowance to the bank or other financial institution indicated above for direct deposit to my account. I understand that I may terminate this agreement at any time by completing another "Direct Deposit Authorization" and sending it to the Payroll Office, allowing reasonable time for my employer to act upon my request for termination.

Employee's Signature

Date Signed

D. Change Authorization Statement

I authorize and request my employer to make the changes indicated in this form, by me, for electronic deposit of payroll, retirement, or living allowance to my account.

Employee's Signature

Date Signed

E. Cancellation Statement

I request that my employer terminate my authorized direct deposit of net amount due from payroll, retirement, or living allowance to my account. I will allow reasonable time for my employer to act upon my request to terminate this agreement.

Employee's Signature

Date Signed

F. Attach a voided check or deposit slip

After completing and signing return to: Payroll Coordinator