



Gonzales Independent School District

Direct Deposit Authorization Form

Name _____

Address _____

Campus/Dept _____

City/State/Zip _____

Select One: _____ Begin Direct Deposit
_____ Change Bank/Account Number
_____ Add/Delete Secondary Account
_____ Cancel Direct Deposit

All information must be correct and complete. Please contact your financial institution(s) to verify all information, particularly the ACH Transit Routing Number, which is not always the transit number on your check.

PRIMARY ACCOUNT INFORMATION

Name of Financial Institution

Account Number

ACH Transit Routing Number (9 digits)

____ Checking OR ____ Savings

Please complete the following box only if you want pay deposited into more than one account:

OPTIONAL Secondary Account Information:

Name of Financial Institution

Designate amount of pay to be deposited into this second bank account each pay period (must be flat amount): \$ _____

ACH Transit Routing Number (9 digits)

Note: The remaining balance of Net Pay will be deposited into your Primary Account.

Account Number

____ Checking OR ____ Savings

The district WILL NOT issue any paychecks once the direct deposit file is transmitted to the bank. Your bank is responsible for the availability of your funds. If you have closed your account, the bank should refund the money to the district. However, the district must wait for receipt of these funds before pay will be reissued.

*****for CHECKING ACCOUNT, ATTACH VOIDED CHECK*****

*****for SAVINGS ACCOUNT, ATTACH COPY OF BANK CARD or BANK STATEMENT,
Showing ACH# and Account Number (NOT copy of Debit Card)*****

OR

*****ATTACH YOUR BANK'S COMPLETED DIRECT DEPOSIT FORM*****

(MUST ACCOMPANY THIS FORM)

I authorize Gonzales ISD to initiate credit entries, or debit corrections, to my account(s) as listed above. I understand that it is MY RESPONSIBILITY for obtaining funds from the bank(s) once they have been transmitted. This authorization remains in effect until Gonzales ISD Payroll Department receives written notice of termination from me.

Signature _____

Date _____