
AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL

I (we) hereby authorize MINEOLA ISD to initiate deposits to my designated account at the financial institution serving as the SCHOOL DEPOSITORY and, if necessary, initiate corrections for transactions issued in error. Any deposits or corrections utilized to modify my bank account will be done only after I have been personally consulted by MISD and an agreement reached by both parties. I understand that this authority is automatically canceled upon the severance of a SCHOOL DEPOSITORY CONTRACT/AGREEMENT or upon my leaving the employ of MINEOLA ISD.

(Name of Financial Institution)

(Address of Financial Institution-Branch, City, State & Zip)

(Signature)

(Date)

(Name – PLEASE PRINT)

(Address – PLEASE PRINT)

Checking/Savings (circle one) Account Number: _____

Financial Institution Routing Number: _____

ATTACH VOIDED CHECK BELOW:

