

**RUSSELL INDEPENDENT SCHOOLS
AUTHORIZATION AGREEMENT
PAYROLL DIRECT DEPOSIT FORM**

I hereby authorize Russell Independent Schools (the District) to initiate credit entries to my account using the information below. This authorization is to remain in full force and effect until the District has received written notification from me of its termination in such time and in such manner as to afford the District and Depository a reasonable opportunity to act on it. IN the event of an error, I understand that the initiation of a debit entry to my account may be necessary to correct an erroneous credit entry. Finally, the District has my permission to provide the Depository with a copy of this authorization upon request of the Depository. I have included a voided check or a Depository document containing the routing and account number for the account to which I would like funds deposited along with this authorization form.

EMPLOYEE INFORMATION

Name _____ Social Security # _____

Address _____

City _____ State _____ Zip _____

Amount of Intended Payroll Deduction Full Check(X) _____ Other Amount (\$) _____

DEPOSITORY INFORMATION

Financial Institution _____

Address _____

City _____ State _____ Zip _____

(Check Only One)

() Checking Account () Savings Account

Account# _____

Routing# _____

Employee Signature _____

Date _____