

**Robinson ISD
ACH (Direct Deposit)
Payroll Authorization**

Begin Direct Deposit

Change Direct Deposit

Staff Member Acknowledgement

I hereby authorize Robinson ISD to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below, hereinafter called Depository, to credit and/or debit the same to such account.

Depository Information

Depository Name: _____

Routing Number: _____

<u>Staff Member Information</u>	
Staff Member Name:	_____

Staff Member Account Number: _____

(Include all required digits for the ACH Direct Deposit)

Type of Account (Select One): Checking _____ Savings _____

Amount to be deposited: Total Check (no split): _____ Specified Amount: _____ Balance of Check after split with 2nd account: _____

This agreement is to remain in effect until Robinson ISD has received written notification from me of its termination in such time and in such manner as to afford Robinson ISD and Depository a reasonable opportunity to act upon it.

Staff Member Signature

Date

Please attach one of the following

- a voided check or

-If you do not have checks, ask your bank for their direct deposit form

If you are requesting to split your money between two accounts, please fill out a separate form for each account and indicate the amount to be deposited.