

DIRECT DEPOSIT AUTHORIZATION FORM

We are pleased to be able to offer you the payday convenience of Direct Deposit. You don't have to change your present banking relationship to take advantage of this service.

Here's how it works:

On payday, you will have access to your check history through Skyward's Employee Resource Management Access portal. Under Employee Information -> Payroll -> Check History. You can select the current payment to see gross salary, taxes, deductions and net pay. Your money will already have been deposited in your account. The amount of the deposit will show on your bank statement.

Direct Deposit is safe, convenient and easy. To take advantage of this service, complete the authorization below and return to the Payroll Office.

This authorization gives Reagan County ISD the authority to deposit your pay to your account. All you need to do is:

1. Identify the deposit account as checking or savings.
2. Fill in your name, the name and location of your financial institutions and today's date.
3. Attach a voided check for verification of all financial institution information. If you are unable to attach a voided check, please fill in your account number and the bank's routing number. (Please note that if a voided check is not provided, authorization could take longer to verify between banking institutions and could cause a delay in your direct deposit request.)

Please complete the information below and return to payroll. ***BE SURE TO SIGN @ THE END!***

I authorize REAGAN COUNTY INDEPENDENT SCHOOL DISTRICT to initiate electronic credit entries each pay period, and if necessary, debit entries and adjustments for any credit entries in error to my:

_____ Checking Account (or) _____ Savings Account

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date: _____ Your Name: _____

ATTACH VOIDED CHECK HERE

If you do not have a voided check, fill in the information below. PLEASE PRINT LEGIBLY.

(Please note that if a voided check is not provided, authorization could take longer to verify between banking institutions and could cause a delay in your direct deposit request.)

FINANCIAL INSTITUTION NAME: _____

FINANCIAL INSTITUTION CITY AND STATE: _____

FINANCIAL INSTITUTION ROUTING NUMBER: _____

YOUR ACCOUNT NUMBER: _____

AUTHORIZATION SIGNATURE: _____