

**Aransas Pass ISD  
Payroll Direct Deposit Authorization**

**Please Print:**

**EMPLOYEE INFORMATION:**

Employee Name: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

**Please Note:** You may choose up to two Bank Accounts to deposit to:

<b><u>Bank 1</u></b>		
Bank Name: _____		
Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Investment: <input type="checkbox"/>
Account #: _____		
Bank Routing #: _____		
Bank Telephone #: _____		
Amount: _____	Percent _____	

<b><u>Bank 2</u></b>		
Bank Name: _____		
Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Investment: <input type="checkbox"/>
Account #: _____		
Bank Routing #: _____		
Bank Telephone #: _____		
Amount _____	Percent _____	

**Please attach a voided check or a copy of a check marked void and return it with this form to the Payroll Office**

**Authorization:**

I hereby direct my employer to deposit my wages /salary directly to the bank account(s) indicated above on the scheduled pay dates.

**EMPLOYEE'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Note: You must report ANY change made to your bank account to the Payroll Office two weeks prior to a scheduled pay date. Failure to notify the Payroll Office in a timely manner may result in your automatic deposit being rejected and returned by your bank. The Payroll Office will issue a paycheck upon confirmation that your deposit has been rejected and redeposited into the District's Checking Account.