

**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:

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

<u>Bank 2</u>		
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.