



DIRECT DEPOSIT SET UP FORM

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS) (DIRECT PAYROLL DEPOSIT)

Company Name: MANSFIELD INDEPENDENT SCHOOL DISTRICT.

I hereby authorize MANSFIELD INDEPENDENT SCHOOL DISTRICT, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries, and adjustments for credit entries in error to my **CHECKING** ___ or **SAVINGS** ___ account, as indicated below and, hereinafter called DEPOSITORY, to credit and /or debit the same to such account.

ATTACH VOIDED CHECK HERE **NO DEPOSIT SLIPS**

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Written termination of the above authority must be received 15 working days prior to specified pay date.

**** A VOIDED CHECK MUST BE ATTACHED TO THIS AUTHORIZATION****

NAME: _____

EMPLOYEE NUMBER _____ EMPLOYEE SS#: _____

PHONE NUMBER _____

*****Please note if filling out this form after the FIRST of the month this direct deposit will not go in until the following month. If you need your current direct deposit stopped immediately please check this box [] and be sure to fill out the STOP DIRECT DEPOSIT FORM.**

SIGNATURE: _____ DATE: _____