

COVINGTON INDEPENDENT SCHOOL DISTRICT
501 N. MAIN STREET
COVINGTON. TEXAS 76636

DIRECT DEPOSIT AUTHORIZATION

TO SIGN UP FOR DIRECT DEPOSIT: Complete Section 1 and Section 2. (The financial institution must complete Section 2 before it is returned to Payroll.)

SECTION 1: EMPLOYEE INFORMATION (TO BE COMPLETE BY EMPLOYEE)

NAME OF EMPLOYEE (Last, First, Middle Initial)			E-MAIL ADDRESS
ADDRESS (STREET, P.O. BOX, APO/FPO)			TELEPHONE NUMBERS HOME: WORK:
CITY	STATE	ZIP CODE	DATE

I certify that I have read, understood and hereby authorize my payment(s) to be electronically deposited with the financial institution named below, in the following designated account. This authorization will remain in effect until the district has received written notification from me that it is to be terminated in such time and manner for the district to act on it. If the district erroneously deposits funds into my account, I authorize the district to initiate the necessary debit entries, not to exceed the total of the original amount credit for the current pay period.

PAYEE SIGNATURE	DATE
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SECTION 2: FINANCIAL INSTITUTION CERTIFICATION (PLEASE ATTACH VOIDED CHECK)

NAME OF FINANCIAL INSTITUTION

ADDRESS OF FINANCIAL INSTITUTION

CITY

STATE

ZIP CODE

TYPE OF DEPOSITORY ACCOUNT

ROUTING NUMBER

CHECKING ACCOUNT

SAVINGS

DEPOSITORY ACCOUNT NUMBER