

# Leon Independent School District

## Electronic Deposit Authorization

**New Agreement**

**Change Account**

I hereby authorize Leon ISD to initiate and to make credit entries or reversing entries and to make adjustments for any credit entries in error to my account at the indicated financial institution, and I hereby authorize the indicated financial institution to accept and to post such entries to my account. The foregoing authorization is solely for the purpose of facilitating automatic payroll direct deposit, travel and other non-salary reimbursements. I understand that it is my responsibility to verify the crediting of funds by my financial institution prior to writing checks against my account.

This authorization may be terminated by Leon ISD at any time.

I hereby authorize Leon ISD to provide a copy of this authorization to any institution participating in NACHA only as necessary for purposes of automatic payroll deposit.

<b>Bank Name</b>	<b>Routing #</b>	<b>Account #</b>	<b>Account Type</b>	<b>Deposit Amt*</b>

\*Please note one deposit amount must be net.

Employee's Name \_\_\_\_\_ Employee's ID# \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_