



Spring Creek ISD

Direct Deposit Form

I hereby authorize Spring Creek ISD to initiate credit entries to my account marked below at the depository financial institution named below and to credit the same to such account.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Employee Name: _____
Last Name First Name MI

BANKING INFORMATION

| Bank Name | Routing Number | Account Number | Acct Type Checking/Savings | Amount <i>*Only if more than 1 acct used</i> |
|-----------|----------------|----------------|-------------------------------|-------------------------------------------------|
|-----------|----------------|----------------|-------------------------------|-------------------------------------------------|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

This authorization is to remain in full force and effect until Spring Creek ISD has received written notification from me of its termination in such a manner as to afford Spring Creek ISD and the depository financial institution a reasonable opportunity to act on it.

PLEASE ATTACH A VOIDED CHECK HERE AND/OR SAVINGS DEPOSIT SLIP FROM BANK(S) NAMED ABOVE

Employee Signature: _____

Date: _____