



Direct Deposit Authorization Change Agreement

Payroll Use Only:
Entered By: _____
Date: _____

NAME _____ Employee/Payroll ID # _____

I hereby request that New Caney ISD cancel my direct deposit to account #_____. I currently have no new bank information. New information must be forwarded to payroll within 10 days.

NOTE: If a request to cancel Direct Deposit is received after funds have been sent to the bank it will not be reissued until the funds are returned to the district's bank account.

I hereby authorize the New Caney Independent School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account listed below.

New Enrollment Change of Bank, Account or Specific Amt. Add Additional Direct Deposit

BANK NAME _____

Checking account Savings account Pay Card account Wells Fargo Prepaid M/C

ROUTING # _____ ACCOUNT # _____

AMOUNT TO BE DEPOSITED: Net Pay Specific Amount \$ _____

I understand this authority is to remain in full force and effect until New Caney ISD has received written notification from me of its termination in such time and in such manner as to afford New Caney ISD and the Depository a reasonable opportunity to act on it. The direct deposit is due at my bank based on New Caney ISD pay dates and I am responsible for any and all bank service fees that result from payments out of my account before the direct deposit is posted. Additionally, I am aware that it is my responsibility to notify the payroll office regarding any account changes.

SIGNED _____ DATE _____

**ATTACH VOIDED CHECK
OR
FINANCIAL INSTITUTION CERTIFICATION HERE**