

**DRIPPING SPRINGS INDEPENDENT SCHOOL DISTRICT**  
**P. O. Box 479**  
**Dripping Springs, Texas 78620**

**Payroll Direct Deposit Authorization**

**Net Pay**

- New Application
- Change in Bank Account Information
- Cancel

**Payroll Bank Deduction**

- New Deduction per pay period  
\$ \_\_\_\_\_ or \_\_\_\_\_ %
- Change Account
- Change \$ \_\_\_\_\_ or  
% \_\_\_\_\_
- Cancel

I hereby authorize Dripping Springs ISD to electronically deposit my payroll check and/or the deduction amount specified above with the financial institution named below, in the following designated account. 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 credited for the current pay period.

Name of Bank/Financial Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing #:

Checking                      Depositor Account #: \_\_\_\_\_

Savings

This authority is to remain in full force and effect until the Dripping Springs ISD has received written notification from me of its termination in such time and in such manner as to afford Dripping Springs ISD and the above bank a reasonable opportunity to act on it. Written termination of the above authority must be received 15 working days prior to specified payday. It is the responsibility of the employee to verify with the financial institution that the Direct Deposit has taken effect. An Advice of Deposit Only will be issued each payday. Please attach a voided check or a copy of your savings account card, which has your name and account number preprinted on it. (Temporary checks and deposit slips are not accepted.) Without these items, we cannot process your direct deposit request.

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

**Attach a VOIDED CHECK or copy of your SAVINGS ACCOUNT CARD  
and send to the Payroll Department**