PLANO INDEPENDENT SCHOOL DISTRICT
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

Name _____
(Please Print) *Last* *First* *MI*

I hereby authorize Plano Independent School District to initiate credit to my account(s) and financial institution(s) named below.

Primary Account: **[ ] Checking (22)** **[ ] Saving (32)**

Financial Institution _____

_____ _____
Bank Routing Number Account Number

Name on Account _____

Secondary Account: **[ ] Checking (22)** **[ ] Saving (32**

Amount to be credited to secondary account $_____*

Financial Institution _____

_____ _____
Bank Routing Number Account Number

Name on Account _____

***Remainder of check will be credited to the primary account**

_____ _____
Signature Social Security Number

_____ _____ _____
Date Campus Extension

Please attach a voided check for checking accounts and/or a deposit slip for saving accounts to this form. Mark each form as "Primary" or "Secondary".