



**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) () Savings (32)

Financial Institution _____

_____ _____
BANK ROUTING NUMBER ACCOUNT NUMBER

Name on Account _____

SAVINGS ACCOUNT () Checking (22) () Savings (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 each account to this form. Mark each form as **“Primary”** or **“Secondary.”**