

PLANO INDEPENDENT SCHOOL DISTRICT
Authorization Agreement for Direct Deposit

EMPLOYEE ID (if known) N/A DATE OF BIRTH _____

NAME _____
 First Middle Last

PRIMARY ACCOUNT () Checking (22) () Savings (32)

FINANCIAL INSTITUTION _____

_____ **BANK ROUTING NUMBER** **ACCOUNT NUMBER** _____

NAME ON ACCOUNT _____

SECONDARY 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*

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

Signature _____ Date _____

Campus SUBSTITUTE Contact Number _____

Please attach a voided check for each account to this form. Mark each form as **"Primary"** or **"Secondary"**.