

PLANO INDEPENDENT SCHOOL DISTRICT
Authorization Agreement for Direct Deposit

EMPLOYEE ID (if known) _____ 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 _____

Contact Phone Number _____ Campus _____

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