



**AUTHORIZATION / CANCELLATION AGREEMENT  
FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

**BIRDVILLE INDEPENDENT SCHOOL DISTRICT**

Name: \_\_\_\_\_  
Last First MI Employee ID#

Campus/Dept: \_\_\_\_\_  
Job Title

I hereby authorize BIRDVILLE ISD, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account (below) and the depository (bank) named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

**THE EMPLOYEE NAME MUST BE ON THE ACCOUNT FOR DEPOSIT**  
**Return form, voided check or documentation from bank directly to the Payroll Department.**  
**No Forms will be accepted via email, inter-office mail or postal.**  
**Employee must show current identification at time of drop off.**  
Payroll Office is located at 3124 Carson Street, Haltom City, TX 76117  
Office hours: 8:00 to 4:30 Monday through Thursday and 8:00 to 4:00 on Friday  
\* Upon receipt of this form this direct deposit will be prenoted.  
\* If this form is received after the due date for Direct Deposit changes, you will receive a check at your regular location on the payday that the Direct Deposit is prenoted.  
\* If you have closed your account, the bank will refund the money to the district; however, the district must wait for the receipt of these funds before they can be reissued to you or redeposited to your new account.

Account 1: \_\_\_\_\_  
 Add  
 Cancel  
 Change  
Name of Financial Institute \_\_\_\_\_ Account Number \_\_\_\_\_  
ACH Transit Rounting Number (9 digits) \_\_\_\_\_  
 Checking  Saving  
 Full pay  Partial Amt \$ \_\_\_\_\_

Account 2: \_\_\_\_\_  
 Add  
 Cancel  
 Change  
Name of Financial Institute \_\_\_\_\_ Account Number \_\_\_\_\_  
ACH Transit Rounting Number (9 digits) \_\_\_\_\_  
 Checking  Saving  
 Full pay  Partial Amt \$ \_\_\_\_\_

Account 3: \_\_\_\_\_  
 Add  
 Cancel  
 Change  
Name of Financial Institute \_\_\_\_\_ Account Number \_\_\_\_\_  
ACH Transit Rounting Number (9 digits) \_\_\_\_\_  
 Checking  Saving  
 Full pay  Partial Amt \$ \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature Date

**For Business Department use only:**

- Payroll - Employee File
- Purchasing
- Accounting for Prenote
- Return to Accounting