

# Rio Grande City Consolidated Independent School District Authorization Agreement For Direct Deposit

**Please Print**

<b>Name: Last</b>	<b>First</b>	<b>Middle</b>	<b>Social Security No.:</b>
<b>Campus/Department:</b>			<b>Title:</b>

**Note:** Please provide a personalized check marked "VOID" with your account number. (This will be used to verify transit routing number and account information).

**Start**       **Change**       **Stop**      **Effective Date** \_\_\_\_\_

I authorize RGCCISD to initiate credit entries and, if errors occur, I authorize correcting entries to my account(s) indicated below.

Financial Institution Name/ Location	Transit Routing Number	Account Number	Checking or Savings	Percent or Amount
1. (PRIMARY ACCOUNT)				
2. (SECONDARY ACCOUNT)				
3. (TERTIARY ACCOUNT)				

**IF DESIGNATING ONLY ONE ACCOUNT FILL IN 100% IN AMOUNT COLUMN. IF MORE THAN ONE ACCOUNT, PLEASE DESIGNATE AN AMOUNT IN SECONDARY AND TERTIARY ACCOUNTS AND LEAVE THE PRIMARY ACCOUNT BLANK.**

**\*\*\*\*\*PLEASE NOTE\*\*\*\*\***

**NOTIFY THE PAYROLL OFFICE BEFORE CLOSING ANY ACCOUNT ABOVE  
MONIES ARE AVAILABLE FOR CHECKWRITING ON PAYDAY, NOT BEFORE!**

This authority is to remain in full force until I terminate this authorization.

<b>Signature:</b>	<b>Date:</b>
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**RIO GRANDE CITY CONSOLIDATED INDEPENDENT SCHOOL DISTRICT  
PAYROLL DEPARTMENT  
POLICIES AND PROCEDURES MANUAL**

**SUBJECT: Direct Deposit Authorization Procedure**

**DATE ISSUED: November 1, 1998**

**DATE REVISED: August 22, 2007**

**#300.80**

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Authorization must be in writing, signed and dated by the employee requesting the direct deposit. Verbal authorizations are not valid and will not be processed. Please complete your direct authorization and return to the payroll department, at the MPC Monday-Friday, 8:00 AM-4:00 PM. If you have any questions call (956) 716-6728.

**INSTRUCTIONS FOR COMPLETING DIRECT DEPOSIT AUTHORIZATION.**

**PLEASE FILL OUT INFORMATION AS REQUIRED:**

1. Employee Name: Last Name, First Name, Middle Initial
2. Social Security Number: 9 digit social security number
3. Campus/Department: Work Location
4. Job Title: Official Job Title
5. Indicate with an **X** whether your are:  
Starting, Stopping, or Changing your Direct Deposit.
6. Indicate the Effective Date of the action requested.
7. Financial Institution, Name/Location. Please provide us a bank(s) name(s) which you want to have money direct deposited to. This information will help us to verify the data prior to the first direct deposit.

8. Transit Routing Number: This information is found on the bottom of your checks and savings account card. This is why we ask for a voided check and a copy of all other documents.
9. Account Number: This information is also found on your checks and savings cards.
10. Type of Account (Checking or Savings) money is to be wired to. A maximum of three accounts can be designated for direct deposit. The first account is the Primary Account. If money is being deposited to only one account indicate 100% in the amount column and not a dollar amount since your net pay could vary from paycheck to paycheck. If you are authorizing money to be direct deposited to two or more accounts. Indicate the dollar amount that you would like to have deposited into the secondary and tertiary account. The primary account number will be left blank. The primary account number is where the remaining net pay will be deposited to.
11. Employee Signature: Employee's Signature required. The Direct Deposit cannot be processed without the employee's signature.
12. Date Signed: Enter the day you requested the action. Direct Deposit Authorizations must be turned into the Payroll Department by the 1<sup>st</sup> of the month in order to be effective on that month's payroll check. A new employee to the district may not be effective the first month of employment depending on when the employee's master record is created.