



La Joya Independent School District
Administration and Finance
 201 E. Expressway 83
 La Joya, Texas 78560
 Tel (956) 580-5196 Fax (956) 580-6099

**** USE BLUE INK ONLY ****

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

To enroll in Direct Deposit - Please complete this form and return it to the payroll office. Please print (neatly) employee and banking information.

Mark one box with an "X": New Change Add

Employee Legal Name: _____ ID# _____

Campus/Department: _____ Monthly Bi-weekly

Bank information must be correct and complete. Please contact your bank to verify all information (pay special attention to the routing number you provide, as it may be different than the one printed on your checks). You MUST be a signer on the bank account for this direct deposit agreement to be activated.

Bank Name: _____	PRIMARY ACCOUNT
Routing Number: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Account Number: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Account Type: <input type="checkbox"/> Checkings <input type="checkbox"/> Savings	Amount: _____ NET PAY

Bank Name: _____	SECONDARY
Routing Number: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Account Number: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Account Type: <input type="checkbox"/> Checkings <input type="checkbox"/> Savings	Amount: \$ _____

- For the purpose of direct deposit of payroll checks only, I hereby authorize La Joya ISD (LJISD) and the depository institution(s) named above to initiate direct deposit (credit) entries and correction (debit) entries to the depository account(s) listed above.
- I certify that I have read, understood and hereby authorize my payment(s) to be electronically deposited with the institution(s) named in the designated account(s). This authorization will remain in effect until LJISD has received written notification from from me that it is to be terminated in such a time and manner for LJISD to act on it.
- If LJISD erroneously deposits funds into my account, I authorize LJISD to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current pay period.
- I agree to indemnify LJISD from any claims incident to the direct deposit of my payroll check, including, without limitation, any claim based on alleged loss as a result of non-posting, of any credit, and any claim which may be made by any person as a result to the rejection of my pay checks or because of insufficient funds arising from the failure of my financial institution to post the credit to my account.
- If any action or inaction taken by the payee results in non-acceptance of an ACH deposit by the designated financial institution, payee acknowledges that LJISD has no responsibility to issue another payment until the funds for the accepted deposit are returned to LJISD by the financial institution.
- Do not close your account until completion, delivery to and acceptance by the payroll department of a new Direct Deposit Form marked "Change".
- LJISD payroll department will provide you with an Earnings Statement each pay day that will detail your gross pay, deductions and net pay.
- Employees should check their accounts before writing any checks; especially new participants, until they are sure all is correct with their bank.
- **Attach Voided Check or Bank Card reflecting routing and account numbers.**
- **Once direct deposit has been established, it cannot be cancelled.**

√ _____
 Employee Signature

√ _____
 Date

Payroll Use Only:	Receipt Stamp _____	Entry Date: _____	Effective Payroll: _____	Entered by: _____ Proofed by: _____
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