

HOWE INDEPENDENT SCHOOL DISTRICT

Authorization for Automatic Payroll Deposit

New Authorization Change of Account Information Cancel

I authorize Howe Independent School District to automatically deposit each month into
My financial institution my net pay by electronic method.

Account type #1 Checking Savings \$ _____

Name: _____

Email address: _____
(Your wage statement will be emailed to you.)

Bank Name: _____

Routing # _____

Account # _____

Account type #2: Checking Savings \$ _____

Name: _____

Email address: _____
(Your wage statement will be emailed to you.)

Bank Name: _____

Routing # _____

Account # _____

Attach Voided Check

Jane A. Doe 1999 Main St. Anywhere, USA 12345		Date _____	3680
PAY TO THE ORDER OF _____ \$ _____		DOLLARS	
MEMO _____		X _____	
⑆ 123456789 ⑆ 11484620040 ⑆ 3680			
Transit/ABA No.	Account No.		

Signature

Date