

TO: All Employees

FROM: Payroll Department

The Tyler Independent School District has completed a contractual agreement with its depository bank, **SOUTHSIDE STATE BANK**, in order to provide you with the capability of being paid by a direct deposit to your bank account (wherever you bank) each month. The Direct Deposit of Payroll Program will provide you with many benefits. A primary benefit is convenience. No longer will it be necessary to rush to the bank on payday to cash or deposit your paycheck. You will no longer need to make special arrangements for a check deposit when you are sick, on vacation, or away on school business. Your automatic deposit is safe; there is no need to worry about your check being lost, stolen, or forged. But the most important benefit is that your money is in your bank on payday, automatically.

In order for you to participate in the Direct Deposit of Payroll Program, you must sign the authorization agreement below and **send a VOIDED CHECK** to the Payroll Department. *If you enroll in direct deposit, the first month you will receive an actual check and a prenote will be sent to the bank in order to check your account information. The next month's paycheck will go directly to your account and a direct deposit statement will be sent to you*

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize Tyler Independent School District, hereinafter called DISTRICT, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my ___ CHECKING ___ SAVINGS account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit to such account.

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ACCOUNT NO. _____

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

NAME _____ SS. # _____
(Please Print)

(Signature)

(Date)

TISD OFFICIAL USE ONLY

PRENOTE: _____
MONTH

DIRECT: _____
MONTH

DATE

DATE