



Ponder ISD Direct Deposit Authorization Form

I hereby authorize PONDER ISD to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry in error to my account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in full force and effort until PONDER ISD has received written notification from me of its termination in such time and in such manner as to afford PONDER ISD and DEPOSITORY a reasonable opportunity to act on it

Name	Campus/Department	SS # or Employee Number
Financial Institution Name	Financial Institution Phone Number	Financial Institution Address

Employee signature

Date

Check One:

- ADD - Deposit my pay to the account shown below
- CHANGE - Change financial institution and/or account number
- CANCEL - Stop my participation in the program

If using multiple accounts

\$ _____ into account _____ / \$ _____ into account _____

IMPORTANT - CHECK TYPE OF ACCOUNT:

CHECKING SAVINGS

ATTACH YOUR VOIDED CHECK HERE