

**AUBREY INDEPENDENT SCHOOL DISTRICT**

(ID # 75-6004289)

**AUTHORIZATION AGREEMENT FOR  
ELECTRONIC FUNDS TRANSFER OF SALARY**

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Social Security Number

Authorization: **ATTACH A VOIDED CHECK OR FORM FROM YOUR BANK**

\_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
Checking Account #

\_\_\_\_\_  
Address of Bank

OR

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Savings Account #

\_\_\_\_\_  
Telephone Number of Bank

\_\_\_\_\_  
Bank Contact Person

\_\_\_\_\_  
Bank Routing Number

I hereby appoint Aubrey Independent School District as my agent and give them the power of attorney for the purpose of directly depositing my salary by Electronic Funds Transfer to the financial institution and to initiate credit entries in the account designated above and to credit the same to such account. This authorization and request to deposit my salary is not an assignment of my right to receive payment of my salary from the Aubrey Independent School District. I understand that by having this form submitted by the tenth (10<sup>th</sup>) day of the month, it will be effective with salary earned during that month. I understand that the Aubrey Independent School District reserves the right to stop making deposits of my salary by Electronic Funds Transfer without advance notice. I also agree that to cancel my authorization to electronically deposit my salary, a properly filled out request form must be in the Payroll Office no later than the tenth (10<sup>th</sup>) day of the month to be effective with salary earned during that month. I further understand that after 12 months of no payroll activity, my EFT will be removed from the system. I hereby authorize the Aubrey Independent School District to initiate debit entries and adjustments for any credit entries in error to my account and to debit the same to such account or to deduct from my subsequent salary all amounts deposited to the account in error. In the event my designated account is closed or contains an insufficient balance to allow debit entries and adjustments to the account for amounts deposited in error, then I agree that the Aubrey Independent School District may withhold any payments owing to me by the Aubrey Independent School District, the State of Texas, and the Teacher Retirement System of Texas until such payment deposited in error is repaid. I hereby hold the Aubrey Independent School District, its Board of Trustees, and employees, harmless for any errors that might occur in the process of Electronic Funds Transfer. At no time will the Aubrey Independent School District be liable for any costs or damages which might occur as a result of this Agreement and I understand that the Aubrey Independent School District's sole limit of liability is for the amount of my paycheck as determined by my salary.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\*\*\*\*\*  
Cancellation: **(because of termination of employment or other reasons)**

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Account Number

I hereby cancel the authorization for Electronic Funds Transfer of my salary.

**\*\*Cancellation of EFT must be done before closing of bank account.\*\***

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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**PAYROLL USE ONLY**

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Payroll Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Effective

Oct, 2008