



ORE CITY

Independent School District

100 Rebel Rd. • Ore City, Texas • Phone 903-968-3300 • Fax 903-708-6485 • www.ocisd.net

Direct Deposit Authorization Form

Name: _____

Circle One: Begin Direct Deposit Change Direct Deposit Cancel Direct Deposit

ALL INFORMATION MUST BE CORRECT AND COMPLETE FOR PROCESSING

Primary Account Information:

_____	_____
Name of Financial Institution	Account Number
_____	_____
ACH Routing # (9 Digits)	Checking or Savings Account

Optional Secondary Account Information: _____		
_____	_____	_____
	Name of Financial Institution	Checking or Savings
_____	_____	_____
Amount to be deposited	Account Number	ACH Routing # (9 Digits)

The district WILL NOT issue any paychecks; once direct deposit has been transmitted, your bank is responsible for the availability of your fund. If you have closed your account, the bank will refund the money to the district; however, the district must wait for receipt of these funds before they can be reissued to you or redeposited to your new account.

***** For a checking account, attach a voided check. *****
 For a savings account, attach a copy of a bank card or a bank direct deposit authorization form
 *** WE MUST HAVE A FINANCIAL INSTITUTION FORM OF VERIFICATION ***

 ***** THIS FORM MUST BE SUBMITTED IN PERSON *****
 ***** CHANGES AND INITIATIONS CANNOT BE TRANSMITTED
 ELECTRONICALLY OR OVER THE PHONE. *****

I authorize Ore City Independent School District to initiate credit entries, or debit corrections to my account(s) as listed above. I understand that it is MY RESPONSIBILTLY for obtaining funds from the bank(s) once they have been transmitted. I understand that it is MY RESPONSIBILITY to notify the business office timely of any changes that need to be made. This authorization will remain in effect until Ore City ISD has received written termination from me.

Signature

Date