

## PARTIAL DEPOSIT AUTHORIZATION AGREEMENT

(We will process a partial deposit to only one other bank.)

Name:				Er	nployee Number:
(PLEASE PRINT)	(Last)	(First)	(Midd	le)	
					d Irving ISD, to initiate credit entries ries in error, to the bank account
		cking (please attach ings (please attach i	• •		eank documentation)
Routing Nur	mber _		Acco	unt Num	ber
Amount to wit	thhold:		OR	Chang	e amount to:
		NAME ADDRESS CITY, STATE ZIP		DATE	0123 01-2345/6789
		RAY TO THE ORDER OF		0	\$
		BANK NAME ADDRESS CITY, STATE ZIP FOR	0123456789012	W 0123	DOLLARS
	L	Bank Routing Number	Bank Account Number	Check Number	
		ng direct deposit for when the information		or you are c	hanging banks, the process may take two
IT IS I	MPORTA	ANT TO NOTI	FY PAYROLL	IF YOU	CLOSE YOUR ACCOUNT
nd in such mann	er as to af	ford Irving ISD and	d BANK a reason	able opportu	on from me of its termination in such timunity to act on it, it is understood that if mynent becomes NULL AND VOID.
		oosit form must b photo ID is requir			Irving ISD Payroll Department located a
Signature				Date	