

HAPPY INDEPENDENT SCHOOL DISTRICT



AUTHORIZATION AGREEMENT
FOR DIRECT DEPOSIT

Financial Institution _____

Address _____

Account Number _____

Type of Account Checking Savings

This agreement is to remain in full force until I terminate this authorization.

Name _____ (please print)

Date _____

Signature _____

Please submit a voided check with this authorization.

***ATTACH VOIDED CHECK HERE ***

Note: If you would like to split your direct deposit between two bank accounts, then add the 2nd bank account information on the bank.