

# Spring Independent School District

## Financial Services Division - Payroll

16717 Ella Blvd. • Houston, Texas 77090  
Tel. 281.891.6095 • Fax 281-891-6096 • payroll@springisd.org



### AUTHORIZATION FOR DIRECT DEPOSIT

NAME (Please Print): \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYEE ID#: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

New Employees Only

New Account  Account Change

Please allow up to 30 days for changes to process.

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

ABA/Routing # \_\_\_\_\_

Type of Account \_\_\_\_\_ Checking \_\_\_\_\_ Savings

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

**NOTE: ATTACH A VOIDED CHECK (CHECKING), DEPOSIT SLIP (SAVINGS) OR PRE-PRINTED STATEMENT FROM THE BANK FOR THE SPECIFIED ACCOUNT.**

#### Direct Deposit Guidelines:

- The exact time of credit to your individual account is determined by the policies of your bank; questions regarding time of credit should be directed to your financial institution.
- Incorrect ABA bank routing numbers will delay direct deposit to your bank and could delay access to your funds. Questions regarding ABA bank routing numbers should be directed to your financial institution.
- Occasionally, a direct deposit does not take place due to errors/omissions on direct deposit authorization forms, forms not received in time for processing, bank electronic transmission/receiving problems, etc.
- **Spring ISD cannot reimburse employees for NSF fees for account overdraft charges.** District employees are personally responsible for ensuring that payroll funds have made it into their account, and are available, before spending the funds.
- If my account has been closed while funds are being transferred or my bank cannot accommodate the direct deposit, the funds must be returned to Spring ISD before a replacement check can be issued. **This may take up to five business days after a pay date.**
- I hereby authorize Spring ISD to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error to the checking or savings account as indicated above. If the designated account is closed or has insufficient balance to allow the withdrawal, then I authorize Spring ISD to withhold any payments owed to me by Spring ISD until the erroneously deposited amounts are repaid.

I understand and accept the Direct Deposit Guidelines as outlined above.

SIGNATURE: \_\_\_\_\_

CAMPUS/LOCATION: \_\_\_\_\_